

**EFFECTIVENESS OF PRANAYAMA ON STRESS AND
COPING AMONG HOUSEWIVES IN A SELECTED
COMMUNITY, SALEM.**

BY

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And creates a vision for tomorrow’*

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ABSTRACT

A Study was Conducted to Assess the Effectiveness of Pranayama on Stress and Coping among Housewives in Selected Community, Salem.

Quasi experimental one group pretest posttest design was adopted for this study. Simple random sampling technique was used to select 60 samples. Pre test was done to assess the level of stress and coping among housewives by using structured interview schedule. Pranayama was implemented to the housewives for 21 consecutive days. Post test was done on 24th day of intervention. The data were gathered and analyzed by descriptive and inferential statistical method. The findings revealed that during pre test 28 (46.67%) and 32 (53.33%) of the samples had mild and moderate stress respectively. 34 (56.67%) and 26 (43.33%) of them had moderate and high level of coping respectively. During post test 47 (78.33) and 13 (21.67%) of the samples had mild and moderate stress respectively, whereas 10 (16.67%) and 50 (8.33%) of them had moderate and high level of coping respectively. The paired 't' value for stress was 13.05 and for coping was 11.21 which are greater than the table value 1.96 at $p \leq 0.05$ level indicating the difference in mean was true difference and pranayama was effective in reducing stress and attaining high level of coping among housewives. Hence H_1 was retained. Significant association was found between monthly income ($\chi^2 = 15.00$) and husband's occupation ($\chi^2 = 11.72$) with the level of stress. Hence H_2 was retained for the above mentioned variables and there was significant association found between number of children ($\chi^2 = 11.04$) with the level of coping. Hence H_3 was retained for the above mentioned variables. There was negative correlation ($r = -0.482$) between the level of stress and coping. Hence H_4 was retained. Pranayama is a non pharmacological, cost effective and very practicable measure to reduce the level of stress and improve the level of coping among housewives.

CHAPTER I

INTRODUCTION

“Adopting the right attitude can convert a negative stress into a positive one”.

-Hans Seley

Marriage is one of the most important events in an individual's life span. People believe that life after marriage is very interesting. However the responsibilities of husband and wife are far more than anyone can imagine. As life moves on, both husband and wife start to experience a variety of problems like inability to adjust to each other, financial difficulties, inability to keep aside enough time for each other due to work pressure, pregnancy, arrival of child and sexual dissatisfaction etc.

Many of the women do not take notice of the stress that end up in being psychologically as well as physiologically disturbed. Throughout the history of mankind women have been dominated by men. Even after marriage, the same trend continues irrespective of the culture, mostly all around the world. The raising of children puts immense pressure on the woman who works at home. In spite of the stress experienced by women, many are able to cope up effectively to the problems in the married life. However, many do not cope up with the stress of married life and experience a variety of psychological as well as psychosomatic symptoms.

Stress is the consequence of failure of an organism-human or animal to respond appropriately to emotional or physical threats, whether actual or imagined. It is a major health hazard of the modern world affecting all people irrespective of age, gender, education, occupation, domiciliary status, finance, religion, race ethnicity and nationality. Stress can provide the stimulus for the change and growth and in some respect some stress is positive and even necessary. However too much stress can result in poor judgment, physical illness and inability to cope.

Leukouette, (2004) stated that stress is present to some degree in everyone's life. Everyone experiences some form of stress from time to time and normally the healthy person is able to adopt to long term stress or cope up with short term stress until it passes. Stress can place heavy demands on a person, however in all of the human dimensions and if the person is unable to adopt or cope up with the stress, illness can result.

Holloway, et.al., (2000) reported that stress in human life is seen with tension, anxiety, worry and pressure, It is an accepted fact that stress is inevitable for life and it can cause either beneficial or intellectual, spiritual and social wellbeing. Chronic stress causes biological disruption, Stressors are causation for physical illness and it could result in death, anxiety, and illness related family burden, impaired quality of life and lack of social support.

Yoga offers many breathing skills for stress affected individuals. These yogic breathing techniques are termed as pranayama. Pranayama consists of various ways of inhaling, exhaling and retention of prana. Pranayama is the best practice to reduce stress.

Gidean, (2004) said that when stress level goes beyond the limit, individuals find difficult to cope up with the demands of life. It is particularly more in women as stress is provoked by various factors like physical, psychological, social, familial, economical and sexual.

Hinn Hashmi, (2004) reported that yoga which involves gentle asana, relaxation, pranayama and meditation. The complete breathing exercise can be practiced when people start to feel stressed out. Yoga helps to calm the mind and teaches to relax. The ancient therapeutic tradition as well as modern medical research speaks about the intimate relationship between our breathing patterns and our

physical, emotional, mental and spiritual health. They have shown how natural healthy respiration not only increases longevity but also supports our overall well-being and self development and helps in medical conditions.

Marym Khursid, (2006) said that housewife is a pillar of her family and to support everyone that pillar is need to take extra care and attention. It is not only her but everybody's duty in the family to take care of her. A female should also understand that to fulfill all her duties she needs to be mentally and physically healthy. A housewife is supposed to do multidimensional works for that she needs to have a good stamina. A female also requires mental and physical relaxation created by environment and work pressure, which, if not taken care, can lead to stress.

Fatma Arpasi, (2007) states that females are known to be sincere, devoted and perfectionist for any task they are involved into. That is why a housewife needs to be physically, mentally and emotionally healthy to fulfill all her duties but not at the cost of her health. Yoga is the best therapy for complete health its various practices helps to maintain overall health. According to a research percentage of females are more among the total population who practice Yoga all over the world. But still there is need for more awareness among the housewives to take better care of their health. Most of the females go through the phase of mood swings, anger, headache, back ache due to stress which affects their personal life; it can be managed by yoga practice.

Lack of physical and mental relaxation leads to Stress in housewives which can be prevented and managed by regular practice of Yoga. Practice of Yoga helps to release healthy chemicals in body which makes a person feel good and relaxed thus curing stress. Pranayam (Breathing exercises) controls mind which inhibits too much thought process and makes them feel relaxed and concentrated.

Ellen Serber, (2007) explained that stress is a common condition, a response to a physical threat or psychological distress that generates a host of chemical and hormonal reactions in the body. Many have noted the benefits of exercise in diminishing the stress response. Studies points to the benefits of yoga. It has been recommended and studied in its relationship to stress, although the studies are less scientifically replicable. Nonetheless, several researchers claim highly beneficial results from Yoga practice in alleviating stress and its effects. The practices recommended range from intense to moderate and relaxed asana sequences, plus pranayama and meditation .Yoga is a promising approach for dealing with the stress response.

Sri Ravishankar, (2005) stated that the benefits of yoga postures, pranayama and meditation include increased body awareness, release of muscular tension and increased coordination between mind and body. It helps in better management of stress and ensures an overall feeling of well being.

Istiaq Hassan, (2002) states yoga for women works on both the mind and body. It makes them strong both physically and emotionally to handle the challenges of life. Yoga provides natural relaxation which is not experienced with any other exercise. Yoga exercises stimulate all the body organs and endocrine glands. It also boosts immune system to ward off autoimmune diseases.

Need for the Study

Stress is a form of anxiety and discomfort stemming usually from lack of rest or constant exposure to high complicated situations. Stress can result from many things, both physical and psychological pressures and deadlines at work, problems with loved ones, the need to pay bills, etc are just some of the obvious matters of stress for many people.

Stress can cause fatigue, headache, irritability, and changes in appetite, memory loss, low self esteem, withdrawal, cold hands, high blood pressure, shallow breathing, nervous twitches, reduced sex desires, insomnia or other changes in sleep patterns.

According to the Indian statistical report 87% of Indian women claim feeling stressed most of the time, with an additional 82% asserting that they had insufficient time to relax. The biggest stress is felt among women of 25-55 years of age, typically married where expectations from women have risen-and where conflicts between what all women must do too has surged.

Robert Koch, (2000) said that housewives between the age of 30 and 50 years are especially often affected by physical emotional and functional impairments such as sleep disorders and anxiety disorders. This is due to loss of income, loss of social contacts in the workplace or loss of social reputation.

Vankar, (2005) said that housewives are having multi responsibilities in their home which adds up to the stress. There are number of factors like social, economical and psychological which could lead to stress.

Masihi, (2006) reported that housewives face traditional problems like not being able to conceive a male child, dowry, decrease in interaction between husband and children, difference in standards of living, insufficient time to relax, lack of family support and unemployment that lead to stress.

Susmita, (2007) reported that in India an increase in female employment outside the home has occurred only during the last few decades, especially in urban areas. A working woman may face difficulties in attempting to fulfil the demands of both worlds, at home and outside, while a housewife may feel tired and irritated with

her household chores and financial dependence. All these may cause stress for these groups of women.

Mintin, (2004) stated that depression is the most common enemy of a women whether working or a housewife. We may think housewives are having a nice time, but they may be experiencing more problems staying at home. At times, women may feel frustrated, hopeless and trapped in the monotonous daily routine. However, most of the depressions and stresses of life can be avoided with more awareness. Any women may feel stressed due to nature of their role in their society, handling of added responsibilities of home, failure to get the required love and affection from their life partner.

We are living in an instant coffee world. People are too busy that they have very little time to sit and relax. Life has become more luxurious and sophisticated but stress also has become inevitable. We may think housewives are lucky as they can spend the whole day free but it is not the ease. They too have plenty to worry about. Yoga an art of bringing all the elements into control is cost effective, non-pharmacological and safe method. By mastering the art of yoga and pranayama one can bring the Himalayan stress down to melting glaciers. So the investigator has chosen to teach pranayama for housewives to keep their minds free from stress and help to attain higher coping level.

Statement of the Problem

A Study to Determine the Effectiveness of Pranayama on Stress and Coping among Housewives in a Selected Community, Salem.

Objectives

1. To assess the level of stress and coping among housewives.
2. To determine the effectiveness of pranayama on stress and coping among housewives.
3. To find out the correlation between the level of stress and coping among housewives.
4. To associate the level of stress and coping among housewives with their selected demographic variables.

Operational Definitions

Effectiveness:

It refers to significant reduction of stress level as determined by the difference between pre test and post test stress and coping scores.

Pranayama:

It refers to set of physical and mental exercise intended to give control over the body and mind, which are practiced by housewives under supervision for 21 days.

Stress:

It refers to feeling of discomfort which is caused by physical, familial, social, financial and sexual factors among housewives.

Coping:

The measures which is used by the housewives to reduce their level of stress.

Assumption

- Pranayama will help to reduce stress.
- Housewives will have some amount of stress
- Pranayama may help to increase the coping on stress among housewives.

Hypotheses

- H₁:** There will be a significant difference in the level of stress and coping among housewives, before and after pranayama at $p \leq 0.05$ level.
- H₂:** There will be a significant association between the level of stress with their selected demographic variable at $p \leq 0.05$ level.
- H₃:** There will be a significant association between the level of coping and their selected demographic variables at $p \leq 0.05$ level.
- H₄:** There will be a significant correlation between the level of stress and coping among housewives at $p \leq 0.05$ level.

Delimitations

- The study is limited to housewives aged between 25-45 years.
- It is limited to the selected community.
- Intervention period is limited to only 3 weeks.

Projected Outcome

- The study will enable to identify the level of stress, and coping among housewives.
- The study will provide an opportunity to nurses to teach the pranayama to housewives.
- At the end of the study housewives will be able to practice pranayama to reduce stress and to develop high level of coping.

- The findings of the study will help to assess the effectiveness of pranayama on stress and coping among housewives.

Conceptual Framework

Conceptual framework is a type of intermediate theory that has the potential to connect all aspect of enquiry (e.g.) conceptual framework act like maps that give coherence empirical enquiry. They take different forms depending upon the research question of problem.

The present study is based on the concept of practicing pranayama on stress and coping among housewives. The investigator adopted the Weidenbach's Helping Art of Clinical Nursing Theory (1964), which describes desired situation and it directs action toward an explicit goal. This theory has three factors,

1. Central Purpose
2. Prescription
3. Reality

Central Purpose:

It refers to what the nurse wants to accomplish. It is an overall goal towards which a nurse strives. The central purpose of this study is to determine the effectiveness of pranayama on stress and coping among housewives.

Prescription:

It refers to plan of care for a patient. It will specify the nature of action that will fulfill the nurse central purpose. In this study investigator taught about pranayama for 30 minutes once a day for 21 days.

Reality:

It refers to the physical, psychological, emotional and spiritual factors that come into play in situations involving the nursery.

The five realities identified by Wiedenbach are agent, recipient, goal, mean activities and framework.

The conceptualization of nursing practice according to this theory consists of three steps as follows,

Step-I: Identifying the need for help

Step II: Ministering the need for help

Step III: Validating that the need for help was met.

Step-I: Identifying the need for help

The investigator identified the need of the housewives by assessing the level of stress and coping through a structured interview schedule.

Step II: Ministering the need for help

After identifying the need the intervention was provided.

Agent	: Investigator
Recipient	: Housewives
Goal	: Reduction of stress and developing high level of coping
Mean activities	: Pranayama
Framework	: Poolavari village

Step III: Validating that the need for help was met

It is accomplished by the post test assessment of level of stress and coping among housewives with the help of structured interview schedule.

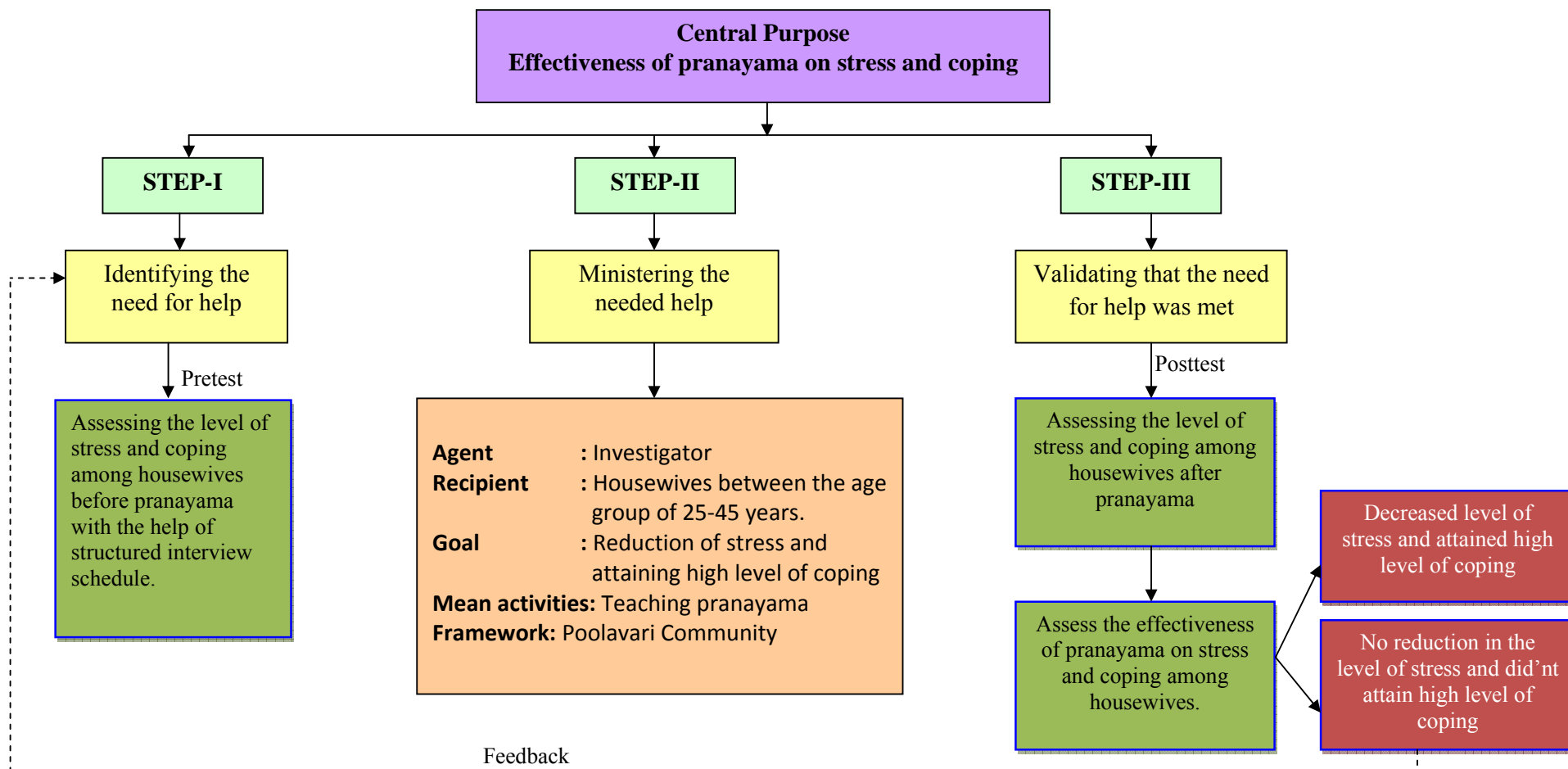


Figure1-1: The Conceptual Framework Based on Wiedenbach's Helping Art of Clinical Nursing Theory (1964)

Summary

This chapter dealt with introduction, need for the study, and statement of the problem, objectives, operational definition, assumption, hypotheses, delimitations, projected outcome and conceptual frame work.

CHAPTER II

REVIEW OF LITERATURE

A review of literature is an eventual aspect of scientific study. It involves the systematic identification, location, serving and summary of the written material that contains information on a research problem. It broadens the views of the investigator regarding the problem under investigation, helps in focusing on the specially conserving the study.

It is essential step it can be done before and after selecting the problem. It can help to determine what is already known about the topic (**A.P.Jai, 2005**).

The review of literature was presented under the following headings.

1. Literature related to stress and coping among women.
2. Literature related to effectiveness of pranayama on stress and coping.

1. Literature Related to Stress and Coping Among Women.

Stewart A.J, et.al., (2010) conducted a study to investigate the relationship between life stress, depression and physical illness among females in India. The sample size was 122. The life stress and depression was measured by modified life changes questionnaire. Results indicate that life stress was associated with both illness and depression but that both type of stress and life style were important moderators of these relationship. Thus, work stresses were associated with illness (depression), and the relationship between life stress and illness was strongest among work-centred women. Family stresses were associated with depression (not illness), and the relationship between life stress and depression was strongest among housewives.

S.K Itagi, (2009) conducted a study on relationship between stress, health status and emotional competence among housewives in Karnataka. The total sample size was 105. All the samples were between the age group of 35-50 years. Stress index

questionnaire developed by Ivancewich was used to assess the stress level, emotional competence was assessed by using emotional competence scale developed by Bharadwaj and health status questionnaire developed by Wig. The result revealed that majority of housewives indicated average to competent level of emotional competence (89.5%), high stress level (24.3%) and mildly affected health status (92%). Hence, an increase in the emotional competence reduced the stress levels and health problems significantly among housewives.

Aujla.P, et.al., (2008) conducted a study to examine the factors contributing to stress among non-working women in Bharat Nagar, Karnataka. The sample size was 75. The data were collected through personal interview schedule method. Among 75 samples 15(26%) of them had stress due to sociological factors, 14(18%) of them had stress because of environmental factors, 33(30%) of them had stress due to physical factors and 13(26%) of them had stress due to mental factors. They found that various factors like sociological factors, environmental factors, physical factors and mental factors which have been contributed stress among non working women.

Paul J. Rosh, (2005) conducted a study to assess the effect of stress among non working women and men. The sample size was 150, in that 75 samples were male and 75 samples were female. All the samples were between the age group of 45-64 years. The mean psychosocial score for male was 2.37 and for women were 2.53. He found that non working women consistently demonstrated the highest scores in tests for the presence of psychosocial stress factors.

Alan D.Berkowitz, (2004) conducted a study to examine the stress among rural women in selected community, Pune. Totally he selected 126 samples and administered questionnaire to measure the stress symptoms, husband support, home task loads. A path analysis was utilized to assess the relative contribution to stress of

work and family related variables. The results indicated that 45% of women had lack of husband support, 36% of women had lack of social support and 19% of women had increased work load. So they proved that all these three factors are contributing stress among rural women.

2. Literature Related to Pranayama on Stress and Coping.

Anuraj Joshi, (2011) conducted a study to evaluate the wellbeing of women through Nadi shodan pranayama training in Punjab. He selected group of women who volunteered to practice pranayama for three months. For that he applied the introspection method of psychology and analyzed the various traits related to wellbeing of the group on Likert's five point psychometric scales before and after applying this technique. He observed that 75% of the subjects gained in terms of feeling healthy, 80% in terms of memory recall, 75% in terms of mental stress relief and 90% in terms of physical relaxation. He proved that pranayama is highly effective for stress reduction, physical wellbeing, and psychological wellbeing.

Thorn, (2011) conducted a study to assess the effectiveness of pranayama on stress among married women in Northampton. For that researcher selected 75 samples randomly. Participants were between the age group of 30-50 years. Researcher examined the efficacy of five minutes yoga intervention .It explores the benefits of self care and stress reduction for married women. Participants engaged in a two week study in which they were asked to rank their stress before and after the yoga intervention. Findings supported the stress reduction benefits of the pranayama intervention for the participants.

A.Kavitha, (2010) conducted a study to assess the effectiveness of pranayama on stress and coping among adolescence girls in Tamil Nadu. She selected 40 samples through simple random sampling technique. Samples were between the age group of

17-22years. She used self administered questionnaire with four point rating scale to assess the level of stress. Researcher found that after giving pranayama majority of the samples had mild stress (77.5%) and (22.5%) samples had moderate stress in psychological factors. In physical factors (82.5%) had mild stress and (17.5%) of samples had moderate stress.

Ratna Sharma, (2009) conducted a study to assess the effectiveness of pranayama on subjective wellbeing among normal and diseased subjects in Integral clinic, New Delhi. The present study was a prospective controlled study to explore subjective wellbeing. Normal healthy individuals and subjects having hypertension, coronary artery disease, diabetes mellitus or variety of other illness were included in the study. The outcome measures were subjective wellbeing inventory scores taken on the first and last day of the course. The inventory consists of questions related one's feeling and attitude about various areas of life, such as happiness, achievement and interpersonal relationship. There was significant improvement in the subjective wellbeing scores of the 77 subjects within a period of 10 days as compared to controls. He concluded that pranayama is effective in improvement of subjective wellbeing.

R.Nagendra, et.al., (2008) conducted a study to assess the effectiveness of pranayama on stress among pregnant women in Bangalore. Researcher selected 122 healthy women between the 18th and 20th week of pregnancy through randomization. Stress level was assessed before starting intervention by using perceived stress scale. Participants were engaged with breathing exercise one hour daily for four months. Researcher found that in the 36th week of pregnancy participants had mild stress, compared with values obtained before practice breathing exercises. So it concluded that pranayama reduces stress in healthy pregnant women.

Ashok.S, (2007) conducted a study to assess the effectiveness of pranayama on physical and psychological wellbeing among young adult in Sivakasi, Tamil Nadu. He selected 107 samples (44 males and 63 females). Self administer questionnaire was provided to assess the physical and social wellbeing before and after the practice of pranayama. Samples attended pranayama session for 6 months. There was a significant improvement in psychological well-being from 76.87 ± 6.78 to 80.76 ± 7.89 and physical well-being from 56.64 ± 6.43 to 6.34 ± 6.98 . It is concluded that pranayama can improve the physical and social wellbeing.

Bhimani N.T, et.al., (2007) conducted a study to assess the effectiveness of pranayama on stress among women in Pune, India. The samples were between the age group of 40-50 years. The sample size was 59. Stress questionnaire was administered to assess the level of stress. This was followed by practice of pranayama for 2 months, 1 hour per day and again stress questionnaire was administered to assess the stress level. The statistical analysis showed that significant decrease ($t=2.061$) in stress from pre-test (32.59 ± 6.1) to post-test (31.28 ± 5.4). The results obtained that the stress level has reduced after two months of practicing various pranayama as evident by decrease in total stress score which is highly significant.

Shri. Jeyasettiaseelon, (2010) who conducted a study to assess the effectiveness of pranayama on stress among adolescence girls in Pondicherry. The level of stress was assessed through the perceived stress scale before and after intervention. He selected 30 samples through randomization. Samples were instructed to perform pranayama for 5 minutes at the rate of 6 breaths per minutes. Pranayama produced a significant ($t=7.67$) reduction in stress from 16.28 ± 3.09 to 12.32 ± 2.49 . This study concluded that pranayama is effective in reducing the level of stress among adolescence girls.

Sridhar R, (2006) who conducted a study to assess effectiveness of pranayama on stress among women. The level of stress was assessed through the structured interview schedule before and after the intervention. He selected 20 samples through the randomization. Samples were instructed to perform pranayama for 10 minutes twice a day. Statistical analysis revealed a highly significant ($p < 0.001$) reduction in mean stress from 19.33 ± 1.77 to 16 ± 1.67 . The obtained 't' value was 8.56. So this study concluded that pranayama is effective for reducing the level of stress.

Sushil S Khemka, et.al., (2005) conducted this study which evaluates the effects of yoga practices on variables like sustained attention, emotional intelligence, general health and personality among yoga practitioner. The study was a pre-post intervention study. The variables were measured at the beginning and at the end of a one-month yoga course. There was no control group. The study was carried out at Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA) University, in its rural campus south of Bangalore. Based on health criteria, 108 subjects were selected out of 198 volunteers to form the experimental yoga group. Ages ranged from 17 to 63 years. The yogasanas (postures), pranayama (breathing exercises), relaxation techniques, meditation, chanting and lectures were the components of yoga intervention. The variables measured were sustained attention, emotional intelligence – EQ, general health – GHQ, and personality. Significant pre-post changes were found in all variables. Significant correlations were found between the following pairs: The two sustained attention variables; emotional intelligence and general health; GHQ and personality.

R.Ramadosh, (2005) conducted a study to assess the effectiveness of yoga for reducing stress and improving self-control in young adult in Oakland. The sample size was 50 and he selected the samples through the method of random sampling. They

conducted daily 60 minutes Transformative Life Skills programme (TLS) which includes yoga, pranayama and meditation. Additionally a condensed 15 minute TLS protocol was implemented. The effectiveness of TLS was evaluated using the perceived stress scale and Tangney's self control scale. Statistical analysis revealed that significant reduction of stress from 52.24 ± 6.14 to 49.17 ± 5.90 and improvement in self control from 54.5 ± 6.21 to 56.54 ± 7.54 which indicates a significant improvement in stress self control and self awareness among young adult.

Jona, (2003) conducted a study to assess the effectiveness of Nadi Sudi pranayama on psychological well-being among non working women in Karnataka. Psychological well-being was assessed through the structured interview scale before and after intervention. Through randomization he selected 26 samples. Samples were instructed to perform Nadi Sudi pranayama for 5 minutes in sitting position twice a day. There was a significant ($p < 0.001$) improvement in psychological well-being from 21.5 ± 2.78 to 23 ± 3.2 . The obtained 't' value was 8.24. So this study concluded that pranayama is effective in reducing the level of stress among non working women.

CHAPTER III

METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure for gathering valid and reliable data for the purpose of investigation. (**Polit and Hungler, 2003**)

This chapter consists of research design, variables, setting, population, and sample, sampling technique, development and description of tool, content validity and reliability of tool, pilot study, data collection procedure and plan for data analysis.

Research Design

Quasi experimental design (one group pre test post test) was adopted for this study to determine the effectiveness of pranayama on stress and coping among housewives.

$$\mathbf{O_1 \quad X \quad O_2}$$

O₁ : Pre test (level of stress and coping before intervention)

X : Intervention (pranayama)

O₂ : Post test (level of stress and coping after intervention)

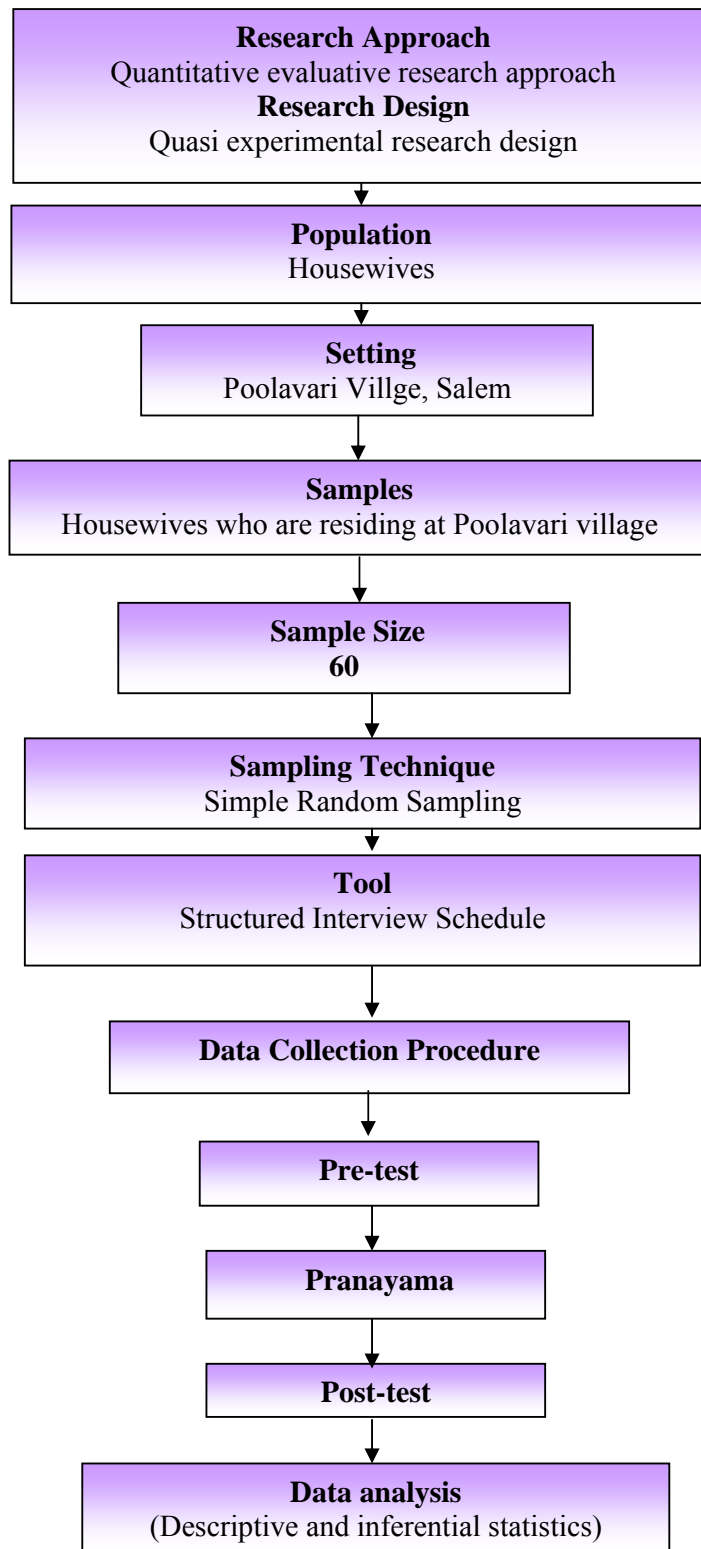


Figure: 3.1 Schematic Representation of Research Methodology.

Population

The population of the study included all the housewives, residing in Poolavari village at Salem.

Description of the Study

Setting is the general location and condition in which data collection takes place for the study (**Polit and Hungler, 2003**).

The study was conducted in Poolavari village at Salem. It is located 1km away from Sri Gokulam College of Nursing.

Sampling

- Sample

Housewives those who were residing in Poolavari village and who fulfilled the inclusion criteria.

- Sampling technique and sample size

The investigator selected 60 housewives through simple random sampling technique.

- Criteria for Sample Selection

The sample selection was based on the following inclusion and exclusion criteria.

Inclusion Criteria:

Housewives those who were,

- Cooperative during study period
- Able to understand Tamil
- Available during the study period.

Exclusion Criteria:

Housewives who were

- Aged above 45 years
- Having any breathing problem
- Practicing any other relaxation technique.

Variables

Independent variable: Pranayama

Dependent variables: Level of Stress and coping

Description of the Tool

The tool consists of 3 sections.

Section- A: Demographic Variables

The demographic variables comprised 10 items such as age, education, occupation of husband, monthly income, religion, type of marriage, duration of marital life in years, number of children, type of family and husband's bad habits.

Section-B: Structured Interview Schedule to Assess the Level of Stress

The tool comprised of 26 items under six factors such as physical, psychological, financial, familial, sexual and social factors. Each item had a score between 0-3 depending on the level of stress and that could be interpreted as never, occasionally, often and always. The minimum and maximum scores were 0 and 78 respectively. The score interpretation was done as follows:

Level of stress	Score	Percentage
Mild stress	0-26	0-33.3%
Moderate stress	27-52	33.4-66.6%
Severe stress	53-78	66.7-100%

Section-C: Structured Interview Schedule to assess the level of coping

It comprised of 20 items. Each item had two response 'Yes' or 'No', the score was interpreted as 0 and 1 respectively. The minimum and maximum scores were 0 and 20 respectively. The score interpretation was done as follows:

0-7 - Low level of coping

8-13 - Moderate level of coping

14-20 - High level of coping

Content Validity and Reliability of Tool

Validity:

Validity of the tool was established with the consultation of the Guide and Experts. The tool was validated by 4 Experts in the field of Mental Health Nursing and one Medical Expert and Yoga Specialist. The tool was found adequate and minor suggestions given by the experts were incorporated. The tool was translated into Tamil.

Reliability:

Reliability of the tool was established by test retest method and the obtained 'r' value was (0.97). Hence the tool was found reliable and considered for proceeding.

Pilot Study

Pilot study was conducted from 28.06.2011 to 03.07.2011 in Uthamasolapuram Village, Salem. Six samples were selected for pilot study through simple random sampling technique. The Informed verbal consent was obtained from the Panchayat president. The pre test was conducted on 28/06/11 and the samples were taught about Pranayama in a calm and quite environment. Each day the samples were made to practice Pranayama for about 30 minutes in the evening in the presence of the researcher. The researcher conducted post test on 7th day of intervention

(3/7/11). The data analysis was done with descriptive statistics. The tool was found feasible and practicable.

Method of Data Collection

Structured Interview Schedule was used to collect the data based on the study objectives.

Data collection procedure:

The study was conducted at Poolavari Village, Salem from 11/7/11 to 8/8/11. Permission was obtained from the Panchayat President of the Poolavari village. In the beginning survey was done from which samples were selected by simple random sampling technique based on sampling criteria. Introduction about investigator was given to samples. Verbal consent was obtained and confidentiality was assured.

The pre test was conducted on 12/7/11 and 13/7/11. Researcher selected 60 samples through simple random sampling technique. Total samples were divided into 4 groups for the convenience of implementing pranayama. Structured interview schedule was used to assess the level of stress and coping of the samples. The time taken by the researcher to complete the tool for each sample was 10-15 minutes. The samples were asked to choose the correct response from the given options. After the pre test samples were taught about Pranayama in a calm and quiet environment daily. The duration of the procedure was 30 minutes. The samples were made to practice the technique daily in front of the researcher. Each day the samples were made to practice Pranayama in front of the researcher. The post test was done on the 28th day of intervention.

Plan for Data Analysis

Data were collected, arranged and tabulated. Descriptive statistics like frequency, percentage, mean and standard deviation were used for categorical data. Inferential statistic was used to find out the effectiveness of Pranayama on stress and coping and Chi-Square test was used to associate the level of stress and coping with the demographic variables.

Summary

This chapter dealt with methodology and it consisted of research approach, design, description of the setting, variables, population, sampling technique, criteria and sample size, description of the tool, validity and reliability, data collection procedure, pilot study and plan for data analysis.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

Analysis is the process of the organizing and synthesizing data in such a way that question can be answered and hypotheses tested. (Polit, D.F; and Hungler, 2003)

This chapter deals with the analysis and interpretation of data to evaluate the effectiveness of pranayama on stress and coping among housewives in selected community Salem.

The findings are presented under the following sections,

Section-A:

Distribution of samples according to their demographic variables.

Section-B:

- i) Distribution of samples according to their level of stress before and after the intervention.
- ii) Distribution of samples according to their level of coping before and after the intervention.
- iii) Comparison of mean, standard deviation and mean difference in the level of stress and coping among housewives before and after the intervention.

Section-C:

Effectiveness of pranayama on stress and coping among housewives.

Section-D:

Co-relation between stress and coping among housewives.

Section-E:

Association between the level of stress and coping among housewives and their demographic variables.

Section-A

Distribution of samples according to their demographic variables.

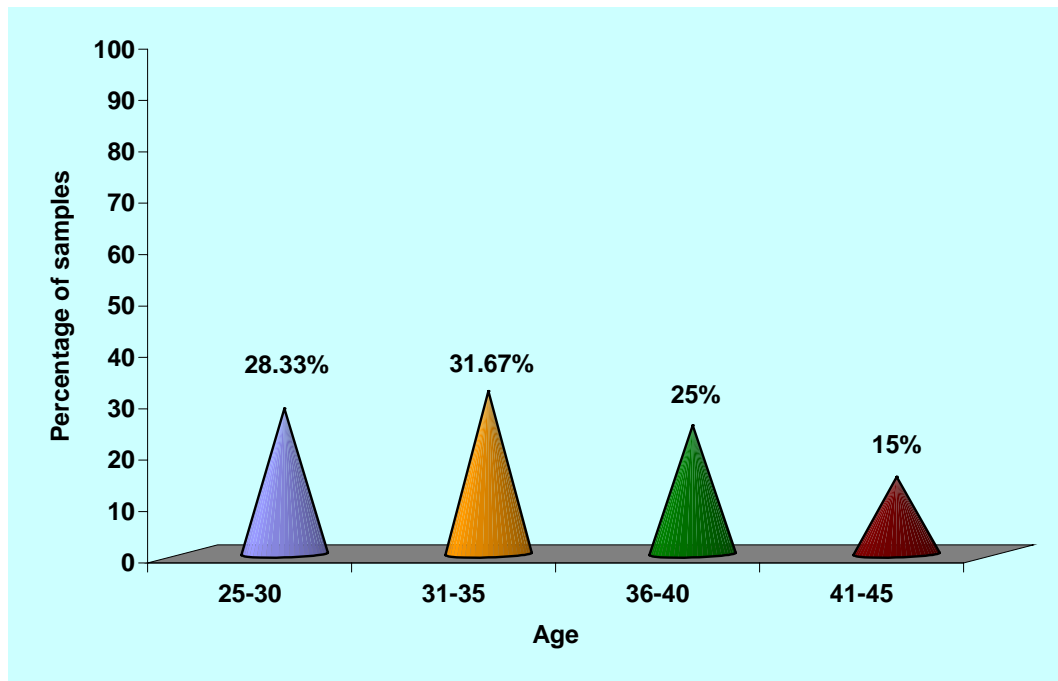


Figure-4.1 Distribution of samples according to their age

Figure-4.1 shows that 17(31.67%) samples were between the age group of 31-35, 19(28.33%) of them were between 25-30, 15(25%) of them were between 36-40 and 9(15%) of them were between 41-45yrs.

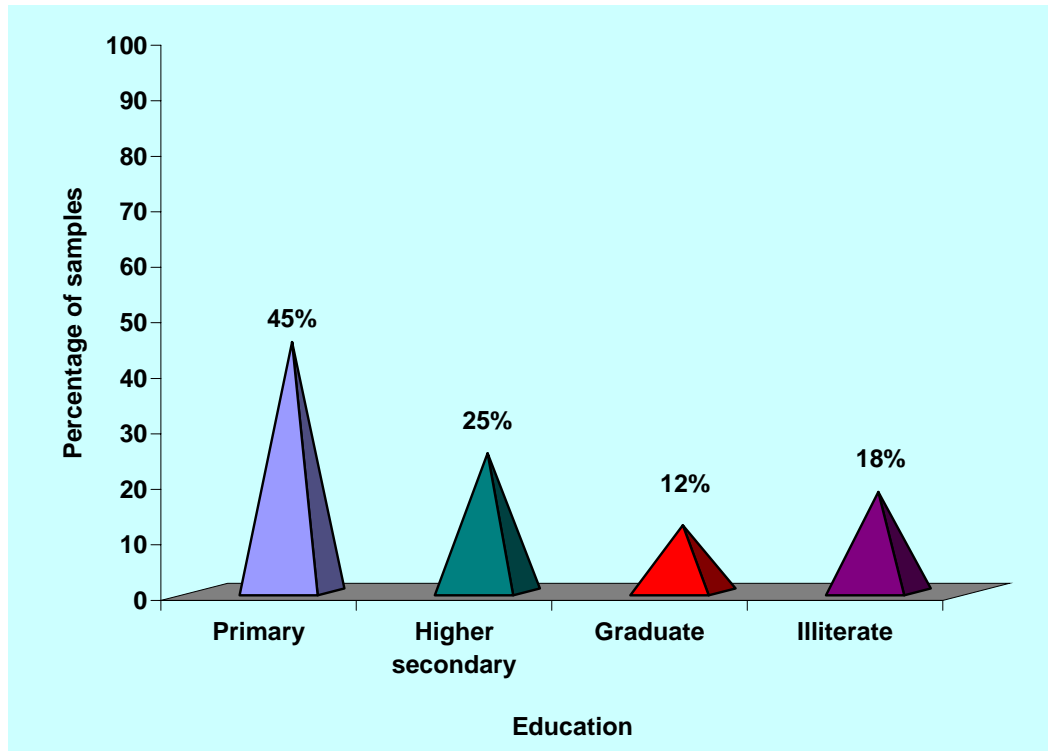


Figure-4.2 Distribution of samples according to their level of education

Figure-4.2 shows that 27(45%) samples had primary education, 15(25%) of them had higher secondary education, 11(18%) of them were illiterate and 7(12%) of them were graduate.

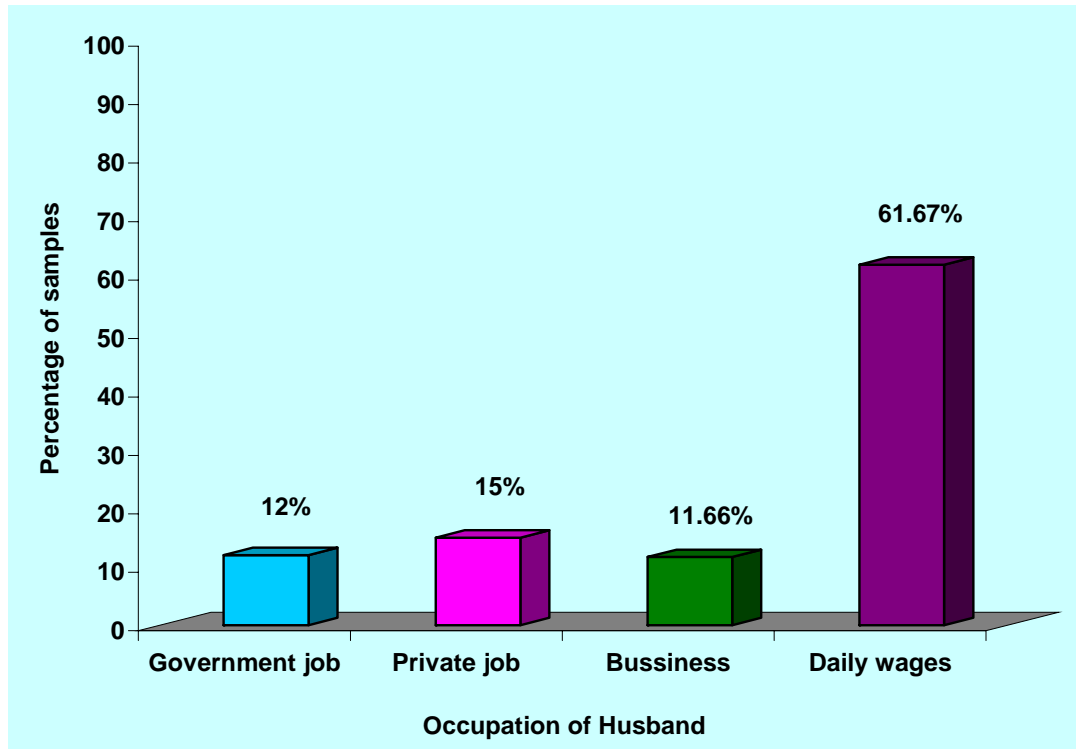


Figure-4.3 Distribution of samples according to their husband occupation

Figure-4.3 portrays that 37(61.67%) sample's husband were daily wages, 9(15%) of them had private job, 7(11.66%) of them did business and 7(12%) of them were in government job.

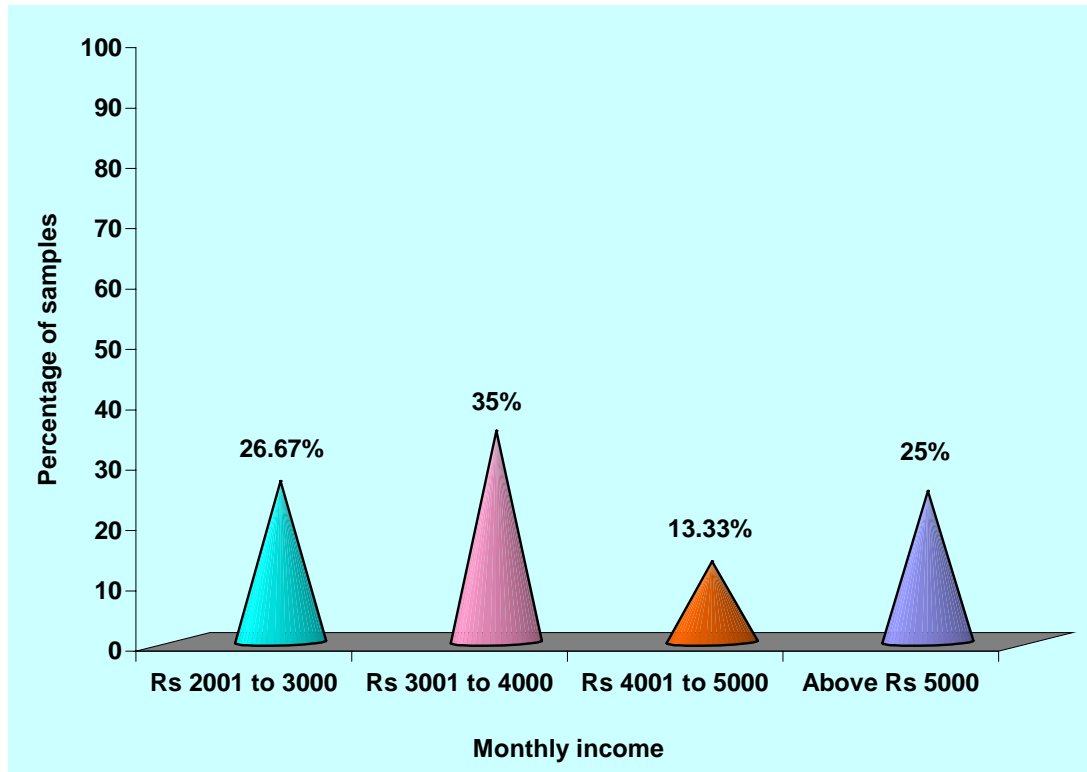


Figure-4.4 Distribution of samples according to their monthly income

Figure-4.4 indicates that 21(35%) samples earned Rs. 3001-4000, 16(26.67%) of them earned Rs. 2001-3000, 14(25%) of them earned above 5000 and 9(13.33%) of them earned Rs. 4001-5000.

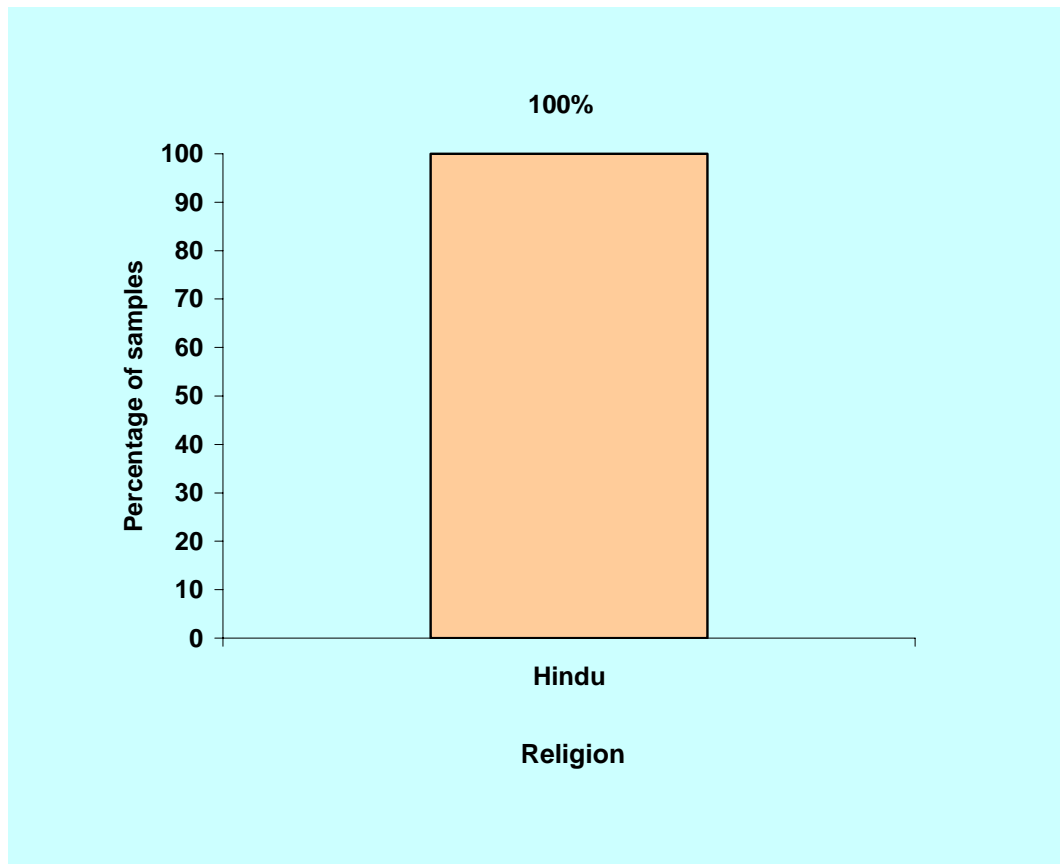


Figure-4.5 Distribution of samples according to their religion

Figure-4.5 shows that all the samples 60(100%) were Hindu.

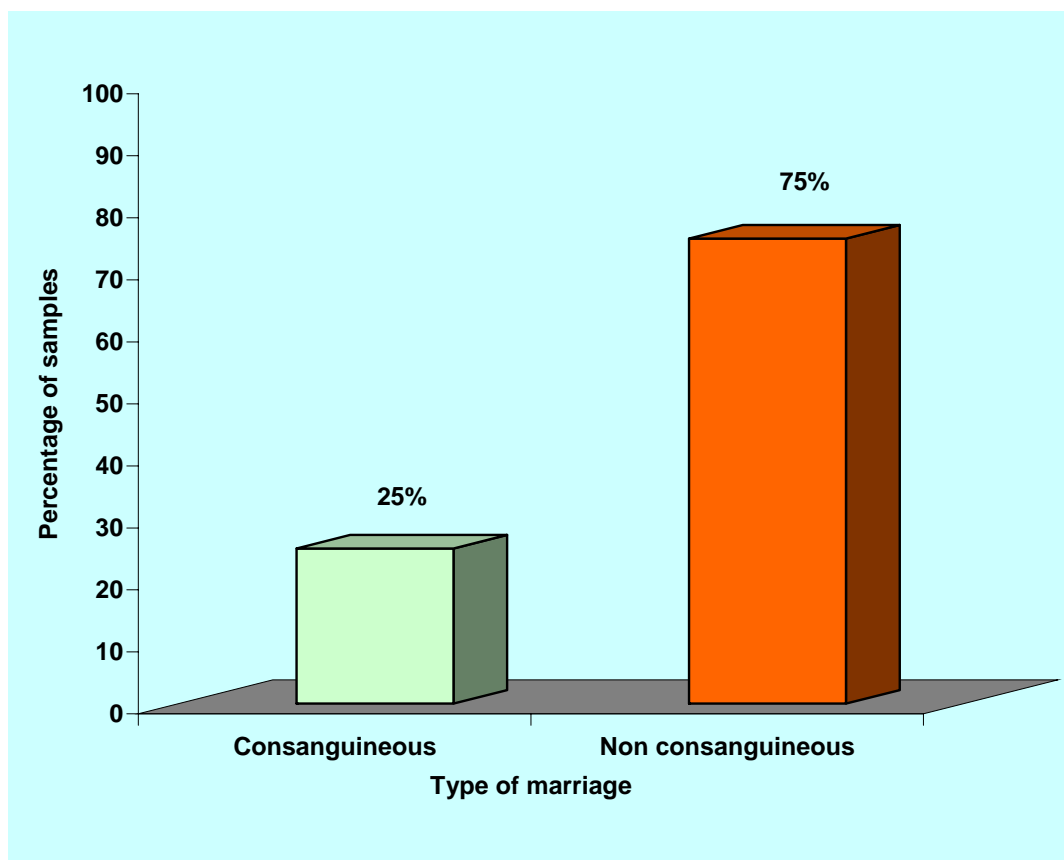


Figure-4.6 Distribution of samples according to their type of marriage

Figure-4.6 shows that 45(75%) samples were of non consanguineous marriage and 15(25%) of them were of consanguineous marriage.

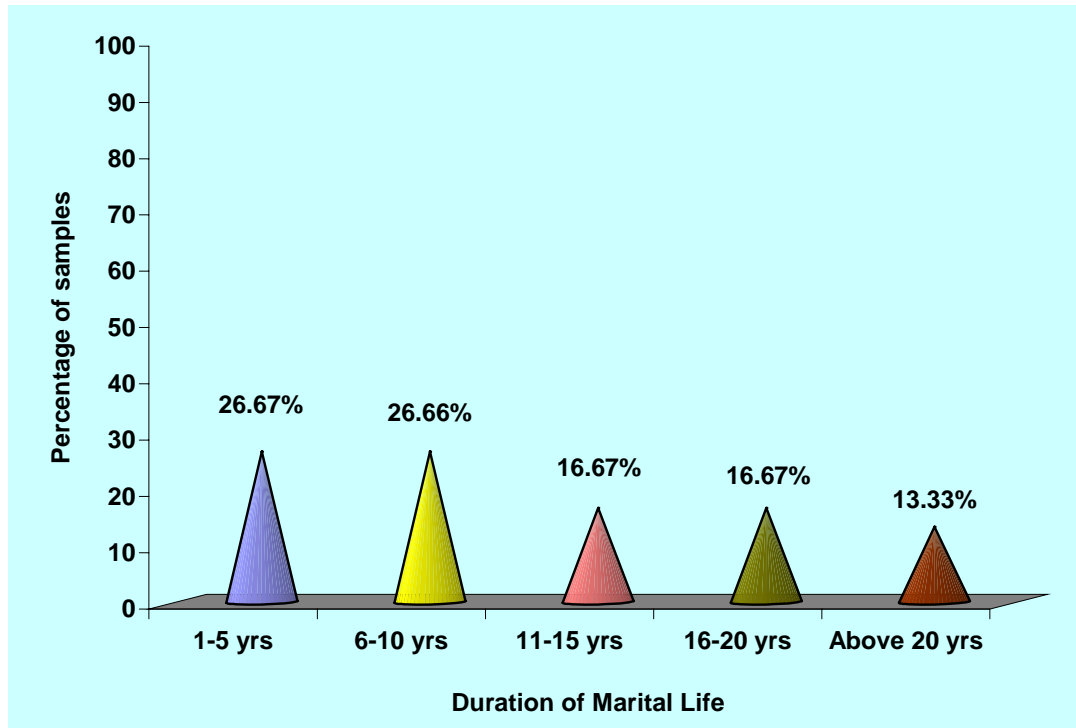


Figure-4.7. Distribution of samples according to their duration of marital life

Figure-4.7 portrays that 16(26.67%) sample's duration of marital life was 1-5 yrs, 16(26.66%) of them were between 6-10yrs, 20(16.67%) of them were between 11-20yrs and 8(13.33%) of them were above 20yrs.

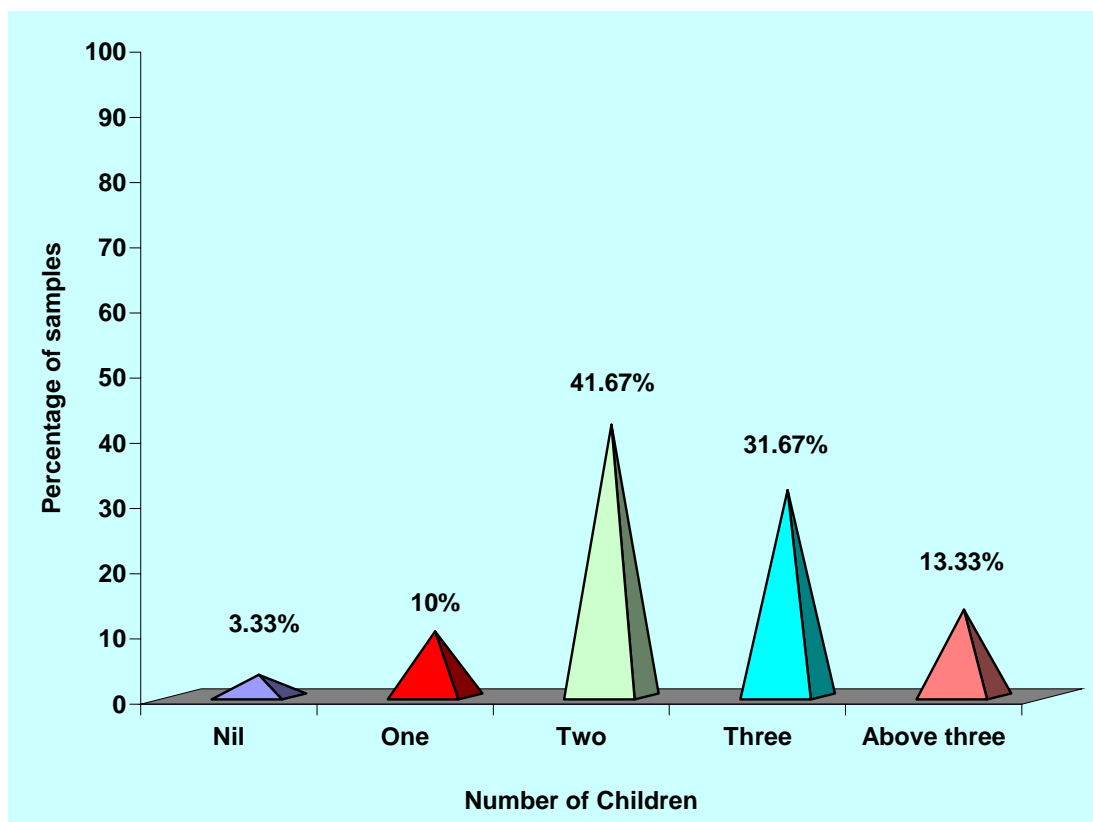


Figure-4.8 Distribution of samples according to their number of children

Figure-4.8 shows that 26(41.67%) samples had two children, 18(31.67%) samples had three children, 8(13.33%) of them had above three, 6(10%) of them had one and 2(3.33%) of them had no children.

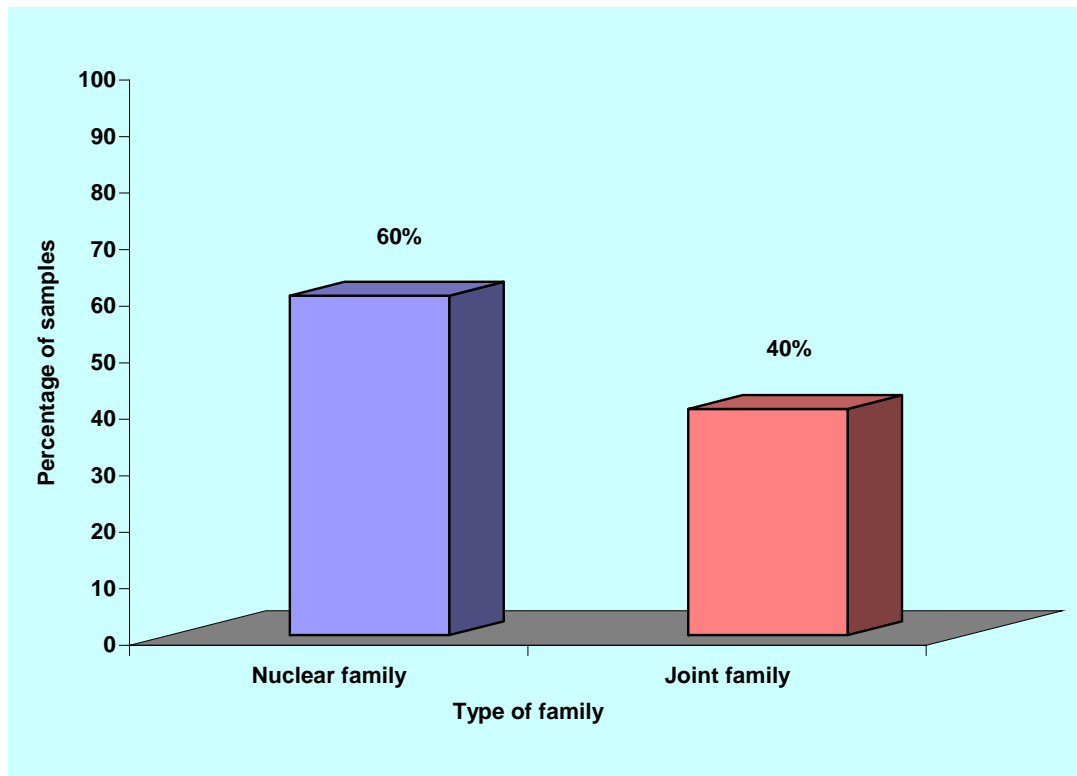


Figure-4.9 Distribution of samples according to their type of family

Figure-4.9 shows that 36(60%) samples belong to nuclear family and 23(40%) samples were from joint family.

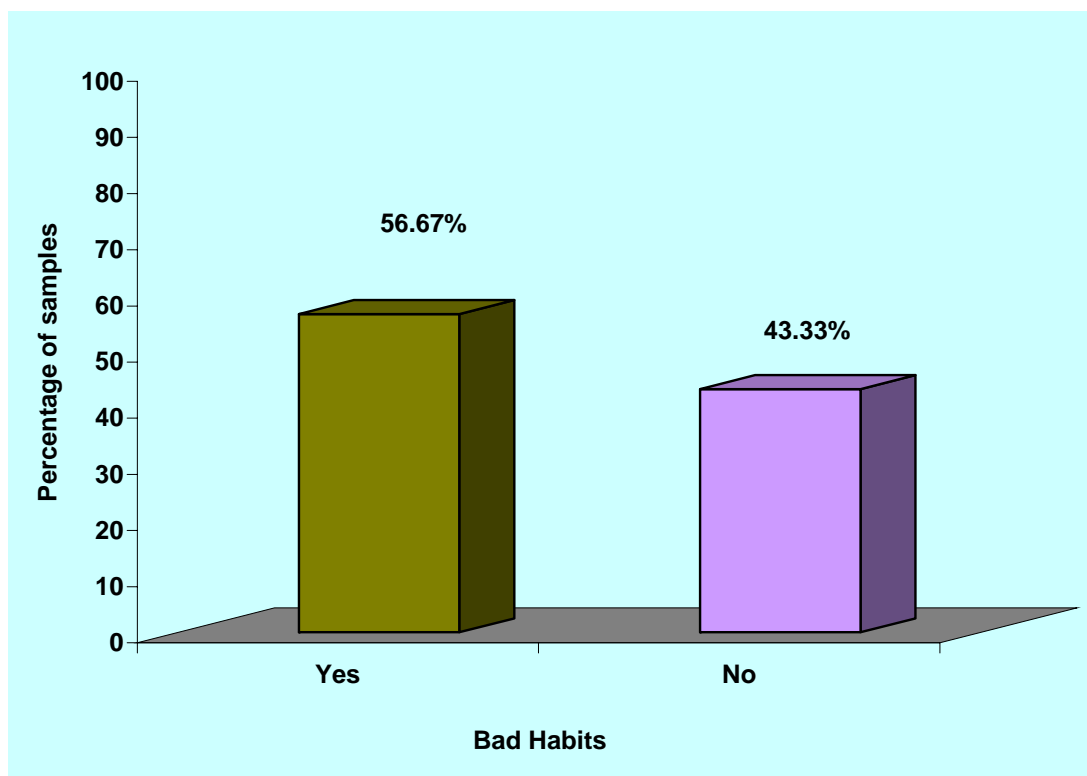


Figure-4.10 Distribution of samples according to their husband bad habits

Figure-4.10 shows that 35(56.7%) sample's husband had bad habits and 25(43.33%) of sample's husband had no bad habits.

Section-B

a) Distribution of samples according to their level of stress among housewives.

Table- 4.1:

Frequency and percentage distribution of samples according to their level of stress in pre and post test .

n=60

Level of stress	Pretest		Posttest	
	f	%	f	%
Mild stress	28	46.67	47	78.33
Moderate stress	32	53.33	13	21.67
Severe stress	-	-	-	-

Table-4.1 shows that in pretest 28 (46.67) samples had mild stress and 32(53.33) samples had moderate stress and none of the samples had severe stress. In posttest 47 (78.33%) samples had mild stress and 13 (21.67%) had moderate stress and none of the samples had severe stress.

b) Distribution of samples according to the level of coping among housewives.

Table-4.2:

Frequency and percentage distribution of samples according to the level of coping in pre and post test.

n=60

Level of coping	Pretest		Posttest	
	F	%	F	%
Low level of coping	-	-	-	-
Moderate level of coping	34	56.67	10	16.67
High level of coping	26	43.33	50	83.33

Table-4.2 shows that in pretest 34 (56.67%) had moderate level of coping and 26 (43.33%) had high level of coping and none of the sample had low level of coping.

In posttest majority of the 50(83.33%) had high level of coping and 10 (16.67%) had moderate level of coping.

c) Comparison of mean, standard deviation and mean difference in the level of stress and coping among housewives.

Table-4.3

Comparison of mean, standard deviation and mean difference in the level of stress and coping among housewives before and after the intervention.

n=60

S. No	Variables	Maximum Possible score	Pretest		Post test		Mean difference
			Mean	SD	Mean	SD	
1	Stress	78	25.55	9.40	20.98	7.54	4.57
2	Coping	20	13.12	2.73	15.2	1.88	2.08

Table-4.3 shows that the mean pre-test stress score was 25.55 ± 9.40 and mean posttest stress score was 20.98 ± 7.54 with mean difference of 4.57. The mean pre test coping score was 13.12 ± 2.73 and mean post test coping score was 15.2 ± 1.88 with mean difference of 2.08.

Section-C

Effectiveness of pranayama on stress and coping among housewives

Table-4.4:

Effectiveness of pranayama on stress and coping among housewives.

n=60

S. No	Variables	Maximum Possible score	Pretest		Post test		Mean difference	't' Value	df
			Mean	SD	Mean	SD			
1	Stress	78	25.55	9.40	20.98	7.54	4.57	13.05*	59
2	Coping	20	13.12	2.73	15.2	1.88	2.08	11.21*	

*Significant at $p \leq 0.05$ level; $t = 1.96$

Table 4.4 shows that the estimated 't' value for the level of stress and coping were 13.05 and 11.21 respectively, which is significantly higher than the table value 1.96 at $P \leq 0.05$ level. It shows that the pranayama is effective in reducing stress and improving the level of coping among housewives. Hence H_1 is retained.

Section-D

Co-relation between stress and coping among housewives

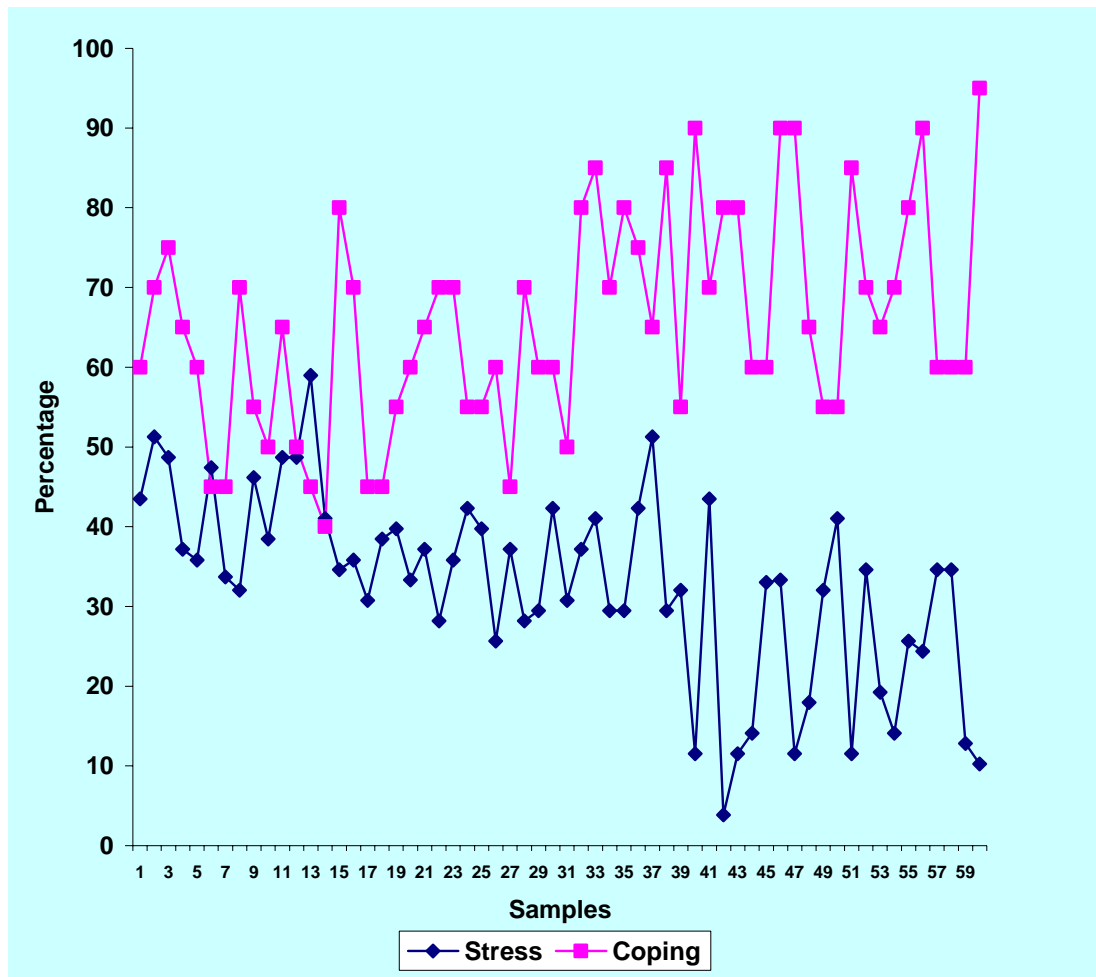


Figure-4.11: Correlation between stress and coping

Figure-4.11 shows that the obtained 'r' value is -0.482 and it reveals there is negative correlation between stress and coping. When stress increases the coping level is decreased. Hence H_4 is retained.

Section-E

a) Association between the level of stress and coping among housewives and their demographic variables.

Table-4.5:

Chi-square test on level of stress and their demographic variables

n=60

S. No	Demographic variables	df	χ^2	Table value
1	Age in years	3	0.446	7.82
2	Education	3	4.839	7.82
3	Occupation of husband	3	11.72*	7.82
4	Monthly income	3	15.00*	7.82
5	Type of marriage	1	0.90	3.84
6	Duration of marital life in years	4	3.298	9.49
7	Number of children	4	2.621	9.49
8	Type of family	2	1.785	5.99
9	Presence of any bad habits in husband	5	9.8	11.1

***Significant at $p < 0.05$ level.**

The above table shows that there was a significant association between the level of stress and their selected demographic variables like monthly income and husband's occupation. Hence H_2 is retained for the above mentioned demographic variables.

b) Chi-square test on level of coping and their selected demographic variables.

Table-4.6:

Chi-square test on level of coping and their demographic variables.

n=60

S. No	Demographic variables	df	χ^2	Table value
1	Age in years	3	2.466	7.82
2	Education	3	6.202	7.82
3	Occupation of husband	3	3.552	7.82
4	Monthly income	3	7.863	7.82
5	Type of marriage	1	0.090	3.84
6	Duration of marital life in years	4	3.648	9.49
7	Number of children	4	11.948*	9.49
8	Type of family	2	2.101	5.99
9	Presence of any bad habits in husband	5	4.5	11.1

***Significant at $p < 0.05$ level**

The above table shows that there was a significant association between the level of coping and their selected demographic variables like number of children. Hence hypotheses H_3 is retained for the above mentioned demographic variables.

CHAPTER V

DISCUSSION

A Quasi experimental study was done to determine the effectiveness of Pranayama on stress and coping among housewives in a selected community Salem.

Distribution of samples according to their demographic variables

17(31.67%) samples were between the age group of 31-35 years, 27(45%) samples had primary education, 37(61.67%) sample's husband were daily wages, 21(35%) samples earned Rs. 3001-4000, all the samples 60(100%) were Hindu. 45(75%) samples were of non consanguineous marriage, 16(26.67%) sample's duration of marital life was 1-5yrs, 26(41.67%) samples had two children, 36(60%) samples belong to nuclear family and 35(56.7%) sample's husband had bad habits of alcoholism.

This study was supported by **Pooja Holeyannavar, (2009)** who conducted a study to assess the stress level among housewives and primary school teachers. She found that 22(44%) samples were between the age group of 35-44years, 26(52%) samples had studied upto twelfth standard, 42(84%) samples belong to nuclear family, 43(86%) samples had 2-3 children, 39(78%) samples earned below Rs. 10000 and 19(18.1%) sample's duration of marital life was less than 10 years.

The first objective of the study was to assess the level of stress and coping among housewives.

In pretest 28 (46.67%) samples had mild stress, 32(53.33%) samples had moderate stress and none of them had severe stress. In pretest 34 (56.67%) had moderate level of coping and 26 (43.33%) had high level of coping.

This study was supported by **Susmita, (2008)** who conducted a study to assess the level of stress and coping among housewives. The researcher found that 12(20%) samples had mild stress, 22(36.7) had moderate stress whereas 26(43.3%) of them had severe stress. 10(16.7%) of them had inadequate level of coping and 50(83.3%) of them had adequate level of coping.

It is concluded that majority of housewives had moderate stress and had moderate level of coping.

The second objective of the study was to determine the effectiveness of pranayama on stress and coping among housewives.

The mean pre-test stress score was 25.55 ± 9.40 and mean post test stress score was 20.98 ± 7.54 . The mean pre- test coping score was 13.12 ± 2.73 and mean post test coping score was 15.2 ± 1.88 . The estimated 't' value for stress was 13.05 and it is significantly greater than the table value 1.96 at $p \leq 0.05$ level. The obtained 't' value for coping was 11.21 and it is significantly greater than the table value 1.96 at $p \leq 0.05$. It shows that the Pranayama is effective in reducing stress and improving the level of coping among housewives.

This study was supported by **Masoumi, (2005)** who conducted a study to assess the effectiveness of video assisted teaching regarding pranayama on stress and coping among housewives. In pre test mean stress score was 42.49 (± 11.88), Whereas in post test mean stress score was 30.25(± 10.19). Mean pre test coping score was 34.32 ± 5.42 and post test mean coping score was 38.47 ± 3.45 . There was a highly significant difference between the level of stress and coping among the samples in pre test and post test after implementation of pranayama. The calculated 't' value for the stress was 16.19 and for coping was 14.08 at $p \leq 0.01$ level. It shows that Pranayama was effective in reducing stress and attaining high level of coping among housewives.

The third objective of the study was to find out the co-relation between the level of stress and coping among housewives.

There was negative co-relation between the level of stress and coping among housewives. When stress increases level of coping is decreased.

The fourth objective of the study was to associate the level of stress and coping among housewives with their selected demographic variables

There was a significant association between the level of stress and their selected demographic variables like monthly income and husband's occupation at $p \leq 0.05$ level. There was no significant association in the level of stress with the other variables. There was a significant association between the level of coping and their selected demographic variables like number of children.

Robin. L.Walton, (2002) conducted a study to assess the level of stress among non working women and found that significant association between the level of stress and their demographic variables like husband support and number of children among housewives.

Personal experience

Researcher got a great opportunity to teach pranayama for housewives in a community area. For the first 2 days the researcher found difficulty to gather all the samples in respected place in time. Afterwards they came regularly without fail and they said that really we are enjoying this half an hour session. When they go back home, they feel relaxed, and they feel easily it can be practiced by all.

Summary

This chapter dealt with the discussion of the study with reference to the objective and supportive studies. All the **four objectives** have been obtained and the **two hypotheses** were retained in this study.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

In this chapter, summary, conclusion, implications to nursing practice and recommendations for further study are presented.

Summary

Qualitative evaluative approach with Quasi experimental one group pre-test - post-test design was used in this study to determine the effectiveness of pranayama on stress, and coping among housewives. The conceptual framework for the study was based on Widen Bach's Helping Art of Clinical Nursing Theory. The study was conducted in Poolavari village, Salem. The sample size was 60 and the samples were selected by simple random sampling technique. Structured interview schedule was used to collect the data.

The collected data were analyzed using descriptive and inferential statistics. To test the hypothesis, paired 't' test and chi-square were used.

Finding of the study

The major findings of the study was summarized as follows,

- Among 60 samples 17(31.67%) samples were between the age group of 31-35, 27(45%) samples had primary education, 37(61.67%) sample's husband were daily wages, 21(35%) samples earned Rs. 3001-4000, all the samples 60(100%) were Hindu. 45(75%) samples were of non consanguineous marriage, 16(26.67%) sample's duration of marital life was 1-5yrs, 26(41.67%) samples had two children, 36(60%) samples belong to nuclear family, and 35(56.7%) sample's husband had bad habits of alcoholism.

- In pretest 28 (46.67%) samples had mild stress, 32(53.33%) samples had moderate stress and none of them had severe stress. In post test 47(78.33%) samples had mild stress and 13(21.67%) had moderate stress.
- In pretest 34 (56.67%) had moderate level of coping and 26 (43.33%) had high level of coping. In post test 50(83.33%) had high level of coping and 10(16.67%) had moderate level of coping.
- The mean pre-test stress score was 25.55 ± 9.40 and the mean post –test stress score was 20.98 ± 7.54 . The mean pre- test coping score was 13.12 ± 2.73 and mean post test coping score was 15.2 ± 1.88 . The paired ‘t’ value at $p < 0.005$ level for stress was 13.05 and for coping was 11.21. It shows that the pranayama is effective in reducing stress and improving the level of coping among housewives. Hence H_1 is retained.
- There was a significant association between the level of stress and their selected demographic variables like monthly income and husband’s occupation and there was a significant association between the level of coping and their selected demographic variables like number of children. Hence H_2 and H_3 is retained.
- There was a negative co-relation between the level of stress and coping. When stress increases the level of coping is decreased. Hence H_4 is retained.

Conclusion

The study was done to determine the effectiveness of pranayama on stress and coping among housewives in a selected community Salem. The result of the study showed that most of the housewives had reduction in stress and increased level of coping through pranayama.

Implications

The findings of the study have implications in different branches of nursing i.e. nursing practice, nursing education, nursing administration and nursing research.

Nursing practice

- Pranayama can be introduced as a stimulating mode of intervention by the nurses for promoting relaxation among the patients suffering from various illnesses.
- Pranayama can be incorporated into routine nursing intervention.
- Pranayama can be given for staff nurses working in multi speciality units. This technique will help to reduce their work stress.

Nursing education

It is important to have educational programme on pranayama for all nursing students, so that they can apply this technique to reduce the stress experienced by the inpatients in the hospital.

- Nurse educator can encourage students to conduct health teaching sessions on various relaxation methods.
- Staff development programme need to be arranged, so that the nurse educators can encourage the students to practice pranayama to the patients.
- Nurse can make their own arrangement to use pranayama can practice themselves.

Nursing administration

- Nursing administrator can organize in-service education programmes for staff nurses regarding pranayama.
- Cassettes about pranayama can be made available to staff nurses. This will help the staff nurses to promote the comfort of the inpatients.

- Nurse administrator can make arrangements for the practice of pranayama in hospital, so that the staff nurses can provide calm, quiet, clean and safe environment to the patients for the practice.

Nursing research

- Researchers should focus on non-pharmacological interventions to reduce stress, anxiety and depression.
- The findings should be disseminated through conferences, seminars and publications in professional, national and international journals.
- Research can be conducted on various population at various settings.

Recommendations

1. A similar study could be conducted with employed women to find out the effectiveness of the pranayama.
2. A study can be conducted with large sample size to generalize the results of the study.
3. A similar technique can be conducted using experimental and control group.
4. The nurses in the community can arrange pranayama sessions, especially for teenage girls.
5. Research can be conducted to find out the various innovative methods to reduce the level of stress, anxiety and depression.
6. A comparative study can be conducted to find out the difference in level of stress, anxiety and depression between employed women and unemployed women.

Conclusion

Two conclusions were derived from the findings of the study

- The level of stress among housewives was moderate and most of them had high level of coping.
- Pranayama is an effective intervention to reduce stress and attain high level of coping among housewives.

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ANNEXURE – A
LETTER REQUESTING PERMISSION TO CONDUCT A
RESEARCH PROJECT

From

Ms.Sowmiya.V,
II Year M.Sc., (N)
Sri Gokulam College of Nursing,
Salem, Tamil Nadu.

To

The Village President,
Poolavari,
Salem.

Through

The Principal,
Sri Gokulam College of Nursing,
Salem, Tamil Nadu.

Respected Sir/Madam,

Sub: Permission to conduct research project – request – reg.

I, **Ms.Sowmiya.V**, II Year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, is to conduct a research project which is to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai in partial fulfilment for the award of M.Sc. (Nursing) Degree.

Topic: “A study to assess the effectiveness of pranayama on stress and coping among housewives in a selected community, Salem”.

Kindly permit to conduct a research project in Poolavari Village from 11-7-11 to 7-8-11 with adherence to the panchayat union policies and regulations.

Thanking you,

Yours Obediently,

Place : Salem

Date :

(Sowmiya.V)

ANNEXURE – B
LETTER GRANTING PERMISSION TO CONDUCT A
RESEARCH PROJECT

To

The Village President,
Poolavari,
Salem.

Respected Sir/Madam,

Sub: Permission to conduct Research Project – reg.

This is to introduce Ms. Sowmiya. V, a final Year M.Sc., (Nursing) student of Sri Gokulam College of Nursing. She is to conduct a research project which is to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai in partial fulfillment for the award of M.Sc., (Nursing) Degree.

Topic : “A Study To The Effectiveness Of Pranayama On Stress And Coping Among Housewives In Selected Area, Salem..”

I request you to kindly permit her to conduct the Research project in your village (Poolavari), Salem from 13.07.11.to 07.08.11. She will adhere to the community policies and regulations.

Thanking you,

Date : 12.7.2011

Place: Salem.

Yours sincerely,

(Dr. Prof. A. Jayasudha)

PRINCIPAL
Sri Gokulam College of Nursing
SALEM-636 010

உப தலைவர்
ஊராட்சி மன்றம்,
பூலாவரி.

ANNEXURE - C

LETTER REQUESTING OPINION AND SUGGESTIONS OF EXPERTS FOR CONTENT VALIDITY OF THE RESEARCH TOOL

From

Ms. Sowmiya. V
Final Year M.Sc., (N)
Sri Gokulam College of Nursing,
Salem, Tamil Nadu.

To,

Respected Sir/ Madam,

**Sub: Requesting opinion and suggestions of experts for establishing
content validity of the tool.**

I, **Ms.Sowmiya.V**, final year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, Salem. I have selected the topic mentioned below for the research project to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai for the partial fulfilment of Master's Degree in Nursing.

Topic: A study to assess the effectiveness of pranayama on stress and coping among housewives in a selected community, Salem.

I wish to request you kindly validate the tool and give your expert opinion for necessary modification. I will be grateful to you for this.

Thanking you

Yours sincerely,

Place : Salem

Date :

(Ms.Sowmiya. V)

Enclosed:

1. Certificate of validation
2. Criteria checklist of evaluation of tool
3. Tool for collection of data
4. Procedure

ANNEXURE - D

TOOL FOR DATA COLLECTION

Instructions to the participants:

This interview schedule contains question related to stress and coping among housewives. It has 3 sections,

Section - A: Requires information related to your personal data.

Section- B: Includes question regarding stress. Each question has 4 options. You have to respond appropriately. Kindly answer whichever you feel is correct to you. All information, which is provided by you, will be kept confidential.

Section-C: Includes tool to assess the level of coping.

SECTION-A

DEMOGRAPHIC DATA

Sample No:

Date:

1. Age in years

- | | |
|-------------|-----|
| a) 25-30yrs | [] |
| b) 31-35yrs | [] |
| c) 36-40yrs | [] |
| d) 41-45yrs | [] |

2. Education

- | | |
|---------------------|-----|
| a) Primary | [] |
| b) Higher secondary | [] |
| c) Graduate | [] |
| d) Illiterate | [] |

3. Religion

- a) Hindu []
- b) Muslim []
- c) Christian []
- d) Others []

4. Occupation of husband

- a) Government job []
- b) Private job []
- c) Business []
- d) Coolie or daily wages []
- e) Others []

5. Monthly income

- a) Less than Rs.2000 []
- a) Rs. 2000-3000 []
- b) Rs. 3001-4000 []
- c) Rs. 4001-5000 []
- d) Above Rs. 5000 []

6. Type of marriage

- a) Consanguineous []
- b) Non consanguineous []

7. Duration of marital life in years

- a) 1-5 yrs []
- b) 6-10 yrs []
- c) 11-15 yrs []
- d) 16-20 yrs []
- e) >20 yrs []

8. Number of children

- a) Nil ☐
- b) One ☐
- c) Two ☐
- d) Three ☐
- e) Above 3 ☐

9. Type of family

- a) Nuclear family ☐
- b) Joint family ☐
- c) Extended family ☐

10. Does your husband has any bad habits

- a) Yes ☐
- b) No ☐

Specify.....

SECTION-B

STRUCTURED INTERVIEW SCHEDULE

FOUR POINT RATING SCALE ON ASSESSMENT OF STRESS

S. No	Items	Never	Occasionally	Often	Always
I	Physical factors				
1	Do you have sleep disturbance at night?				
2	Do you have loss of appetite?				
3	Do you have headache?				
4	Do you feel tired during the end of the day?				
II	Psychological factors				
5	Do you get tension?				
6	Do you get angry?				
7	Do you feel nervous?				
8	Do you feel guilty when your expectation is not fulfilled?				
9	Do you feel happy working in house environment?				
10	Do you feel worried?				
11	Do you have lack of interest to do household activities?				
12	Do you feel worthless since you are housewife?				
13	Do you feel insecure in home?				
14	Do you feel depressed ?				
15	Do you feel alone in home?				
16	Do you have difficulty in concentration?				
III	Financial factors				
17	Do you feel that single earning is insufficient to meet the family needs?				

18	Do you feel financial crisis at family is because of your unemployment?				
19	Are you good at managing money?				
IV	Familial factors				
20	Does your family members accept your suggestions ?				
21	Do you get support from family members?				
22	Do your family members pick up quarrel often with you?				
V	Sexual factors				
23	Are you sexually satisfied?				
24	Does your husband sexually harass you?				
VI	Socio-Environmental factors				
25	Do you maintain good relationship with your neighbours?				
26	Do you get adequate support from society?				

Scoring key

Positive items		Negative items	
Never	= 0	Never	= 3
Occasionally	=1	Occasionally	=2
Often	=2	Often	=1
Always	=3	Always	=0

Negative items

9, 19, 20, 21, 23, 25, 26

Total score is 78

To interpret the level of stress

LEVEL OF STRESS	SCORES	PERCENTAGE
Mild stress	0-26	0-33.3%
Moderate stress	27-52	33.4-66.6%
Severe stress	53-78	66.7-100%

SECTION-C

A. TOOL TO ASSESS THE COPING LEVEL OF HOUSEWIVES

S.NO	ITEMS	YES	NO
1	I try to forget unpleasant things		
2	I find someone to share about the feelings		
3	I try to make myself feel better by recreation		
4	I seek comfort or help from family or friends		
5	I try to put out the problem out of my mind		
6	I get adequate time to take rest		
7	I have the habit of going out with friends		
8	I feel extreme boredom		
9	I often lose confidence		
10	I often cry		
11	I ask for the solutions from the god by performing religions rituals		
12	I express anger to other persons in my family		
13	I isolate myself		
14	I try to keep my feelings to myself		
15	I share my concerns and feelings to others		
16	I seek comfort when I have difficulty		
17	I try to keep my feelings from interfering with others things		
18	I think through different ways to handle the situation		
19	I look at people who have more problems and he happy that I have less problems		
20	I am anxious about unfulfilled commitment.		

SCORING KEY

For each item 'Yes' carries 1 mark and 'No' carries 0 mark.

Total score is 20

To interpret the level of coping

Level of coping	Scores	Percentage
Low level of coping	0-7	0- 33%
Moderate level of coping	8-13	34-66%
High level of coping	14-20	67-100%

பிரிவு - அ

அடிப்படை விவரங்களை அறியும் நேர்காணல் படிவம்

குறிப்பு:

ஆராய்ச்சியாளர் பின்வரும் அனைத்து தகவல்களையும் பங்கேற்பவர்களிடமிருந்து சேகரித்து (✓) என்ற குறியை மிகவும் பொருத்தமானவைகளுக்கு எதிரேயுள்ள கட்டத்தில் இடுவார்.

தேதி:

பங்கேற்பவர் எண்:

1. வயது (வருடங்களில்)

- | | |
|----------------|-----|
| அ) 25 - 30 வரை | () |
| ஆ) 31 - 35 வரை | () |
| இ) 36 - 40 வரை | () |
| ஆ) 41 - 45 வரை | () |

2. கல்வித்தகுதி

- | | |
|-------------------------|-----|
| அ) ஆரம்ப கல்வி | () |
| ஆ) உயர்நிலைக்கல்வி | () |
| இ) பட்டப்படிப்பு | () |
| ஈ) கல்வியறிவு இல்லாதவர் | () |

3. கணவரின் தொழில்

- | | |
|-----------------|-----|
| அ) அரசு வேலை | () |
| ஆ) தனியார் வேலை | () |
| இ) வியாபாரம் | () |
| ஈ) தினக்கூலி | () |
| உ) மற்றவை | () |

4. மதம்

- அ) இந்து ()
- ஆ) முஸ்லீம் ()
- இ) கிறிஸ்துவர் ()
- ஈ) மற்றவை ()

5. மாத வருமானம்

- அ) ரூ.2000க்கு கீழ் ()
- ஆ) ரூ.2001 - 3000 வரை ()
- இ) ரூ.3001 - 4000 வரை ()
- ஈ) ரூ.4001 - 5000 வரை ()
- உ) ரூ.5000க்கு மேல் ()

6. திருமண வகை

- அ) இரத்த பந்தத்திற்குள் திருமணம் ()
- ஆ) இரத்த பந்தமற்ற திருமணம் ()

7. திருமண வாழ்க்கை காலம்

- அ) 1- 5 வருடங்கள் ()
- ஆ) 6 - 10 வருடங்கள் ()
- இ) 11 - 15 வருடங்கள் ()
- ஈ) 16 - 20 வருடங்கள் ()
- உ) 20 வருடங்களுக்கு மேல் ()

8. குழந்தைகளின் எண்ணிக்கை

அ) இல்லை ()

ஆ) 1 ()

இ) 2 ()

ஈ) 3 ()

உ) மூன்றுக்கு மேல் ()

9. குடும்ப வகை

அ) தனிக்குடும்பம் ()

ஆ) கூட்டுக்குடும்பம் ()

இ) பெரிய குடும்பம் ()

10. உங்கள் கணவருக்கு ஏதேனும் கெட்டப்பழக்கம் உள்ளதா?

அ) ஆம் ()

ஆ) இல்லை ()

ஆம் எனில், குறிப்பிடுக

பிரிவு - ஆ
வரையறுக்கப்பட்ட நேர்காணல்
மனஅழுத்தத்தை அறிய உதவும் நான்கு புள்ளிகள் கொண்ட அளவுகோல்

வ. எண்	விபரம்	இல்லை	எப்போதுமாவது	அடிக்கடி	எப்போழுதும்
அ.	உடல்நிலை தொடர்பான காரணிகள்				
1.	வீட்டு வேலைப்பளு காரணமாக உறக்கத்தில் இடையூறு உள்ளதா?				
2.	மன இறுக்கத்தினால் பசியின்மை இருக்கிறதா?				
3.	அதிக வேலைப்பளு காரணமாக தலைவலி உள்ளதா?				
4.	ஒருநாளின் இறுதியில், உங்கள் உடல் சோர்வடைவதாக உணர்கிறீர்களா?				
ஆ.	மனநிலை காரணிகள்				
5.	அதிக பொறுப்புகளின் காரணமாக, மன இறுக்கம் அடைகிறீர்களா?				
6.	மன இறுக்கத்தின் காரணமாக கோபம் அடைகிறீர்களா?				
7.	புதிய அலுவல்களில் ஈடுபடும்போது மனபதட்டத்தை உணர்கிறீர்களா?				
8.	உங்களது எதிர்பார்ப்புகள் நிறைவேறாத போது குற்றவுணர்வடைகிறீர்களா?				
9.	வீட்டுச்சூழலில் வேலை செய்யும் சந்தோசமாக உணர்கிறீர்களா?				
10.	ஓய்வு எடுக்க போதிய காலஅளவு இல்லாத காரணத்தினால் கவலைப்படுகிறீர்களா?				
11.	வீட்டுவேலைச் செய்வதற்கு விருப்பம் இல்லாமல் இருக்கிறீர்களா?				
12.	குடும்பத் தலைவியாக இருப்பதை பயனற்றதாக உணருகிறீர்களா?				

13.	உங்களுக்கு வீட்டில் பாதுகாப்பு இல்லாததாக உணருகிறீர்களா?				
14.	மனச்சோர்வை உணருகிறீர்களா?				
15.	நீங்கள் வீட்டில் தனிமையாய் உணருகிறீர்களா?				
16.	மனதை ஒருநிலைப்படுத்துவதில் கடினமாக இருக்கிறதா?				
இ.	நிதி தொடர்பான காரணிகள்				
17.	குடும்பத்தின் தேவைகளை நிறைவேற்ற ஒரு நபரின் வருமானம் போதுமானதாக இல்லை என்று உணருகிறீர்களா?				
18.	நீங்கள் வேலைக்கு செல்லாத காரணத்தினால் உங்கள் குடும்பத்தில் நிதிநெருக்கடி இருப்பதாக உணருகிறீர்களா?				
19.	பணத்தை கையாளுவதில் நீங்கள் திறமை வாய்ந்தவரா?				
ஈ.	குடும்பம் தொடர்பான காரணிகள்				
20.	உங்கள் குடும்ப உறுப்பினர்கள் உங்கள் கருத்துக்களை ஏற்றுக் கொள்கிறார்களா?				
21.	குடும்ப உறுப்பினர்கள் உங்களுக்கு ஆதரவு அளிக்கிறார்களா?				
22.	உங்கள் குடும்ப உறுப்பினர்கள் உங்களிடம் அடிக்கடி சண்டை போடுகிறார்களா?				
உ.	பாலினம் தொடர்பான காரணிகள்				
23.	நீங்கள் உங்கள் தாம்பத்ய உறவில் திருப்தியடைகிறீர்களா?				
24.	உங்கள் கணவரால் பாலியல் துன்புறுத்தலுக்கு உட்படுத்தப்படுகிறீர்களா?				
ஊ.	சமூகச்சூழல் தொடர்பான காரணிகள்				
25.	உங்கள் அண்டைவீட்டாருடன் நல்ல உறவுமுறையை மேற்கொள்ளுகிறீர்களா?				
26.	சமூகத்திடம் இருந்து போதுமான ஆதரவு பெறுகிறீர்களா?				

பிரிவு - இ

இல்லத்தரசிகளின் சமாளிக்கும் திறனை அறிய உதவும் கருவி

வ. எண்	விபரம்	ஆம்	இல்லை
1.	நான் விரும்பத்தகாத நிகழ்வுகளை மறக்க முயற்சி செய்கிறேன்		
2.	என்னுடைய உணர்வுகளை யாரிடமாவது பகிர்ந்து கொள்ள நினைக்கிறேன்.		
3.	பொழுதுபோக்கின் மூலமாக என்னை சந்தோஷமாக வைத்துக்கொள்ள முயற்சிக்கிறேன்.		
4.	என்னுடைய குடும்பம் மற்றும் நண்பர்களிடமிருந்து உதவி பெறுகிறேன்.		
5.	என்னுடைய துன்பத்தை மனதிற்கு வெளியே அகற்ற முயற்சிக்கிறேன்.		
6.	எனக்கு ஓய்வு எடுக்க போதுமான அவகாசம் உள்ளது		
7.	என் நண்பர்களுடன் வெளியே செல்லும் பழக்கத்தை கொண்டிருக்கிறேன்.		
8.	நான் மிகுதியாக சலிப்படைவதாக உணருகிறேன்		
9.	நான் மனதாரியத்தை அடிக்கடி இழக்கிறேன்		
10.	நான் அடிக்கடி அழுகிறேன்		
11.	நான் மதச்சார்பான செயல்களில் ஈடுபடுவதன் மூலம் பிரச்சினைகளுக்கு கடவுளிடமிருந்து தீர்வு கேட்கிறேன்		
12.	நான் என்னுடைய கோபத்தை என் குடும்பத்தினரிடம் வெளிப்படுத்துகிறேன்		
13.	நான் என்னையே தனிமைப்படுத்துகிறேன்		
14.	என்னுடைய உணர்வுகளை எனக்குள்ளேயே வைத்திருக்க முயற்சிக்கிறேன்		
15.	என்னுடைய உணர்வுகள் மற்றும் கவலைகளை மற்றவர்களிடம் பகிர்ந்து கொள்ளுகிறேன்		
16.	நான் துயரப்படும்போது ஆறுதலை தேடுகிறேன்		

17.	என்னுடைய உணர்வுகள் மற்ற காரியங்களை பாதிக்காதவாறு வைத்துக் கொள்ள முயற்சிக்கிறேன்		
18.	நான் சூழ்நிலையை கையாளுவதில் பலவிதமான வழிகளை சிந்திப்பேன்		
19.	நான் என்னை விட அதிகமாக துன்பப்படுபவர்களை பார்க்கும்போது, என்னுடைய துன்பம் சிறிது என்று எண்ணி மகிழ்கிறேன்.		
20.	நிறைவேறாத காரியங்களை பற்றி நான் பதட்டப்படுகிறேன்		

PROCEDURE OF PRANAYAMA

Introduction

Breathing is life. It is one of our most vital functions. One of the Five Principles of Yoga is Pranayama or Breathing Exercise which promotes proper breathing. In a Yogic point of view, proper breathing is to bring more oxygen to the blood and to the brain, and to control Prana or the vital life energy.

Meaning

Pranayama is the art of mastering life force within your being and body.

Benefits

- Reduces the stress and anxiety
- Provides a sense of well being
- Keeps your body very young
- Enhances the balances of our nervous system and allows to think creatively.
- Increases the amount of oxygen supply to the brain thereby improving the mental alertness.
- Promotes good emotional control, equilibrium and psychological soundness to overcome psychological distress.
- Increase digestion process
- Strengthen the immune system thereby reducing the chance of occurrence of frequent infection.
- Removes the toxin and stale air from the lungs
- Strengthen the diaphragm and respiratory muscles.

Procedure

- Warm ups - 5 mts
- Bastrika - 5 mts
- Nadisuddhi - 5 mts
- Cooling pranayama - 5 mts
- Bhramari pranayama - 5 mts
- Relaxation - 5 mts

Warm-Ups

- Stand at ease, keep distance between feet, hands joined at back.
- While inhaling move head towards right up to shoulder lines (line of the eye sight too), come to center while exhaling and move the head towards left shoulder. Repeat 5 times in each directions. Pause and relax.
- Lean down head and rotate in a circle (try to touch ears to shoulders) with eyes open. Perform one round each of 5 circles in both the directions.
- Also move head, down and up 3 to 5 times. It removes giddiness caused by circular movement of head.

NADI SUDDHI

a) Starting Position:

- Sit in any meditative posture.

b)Practice:

- Close the right nostril with the right thumb and exhale completely through the left nostril, then inhale deeply through the same left nostril.
- Close the left nostril with your ring & small fingers of the right hand, then open the right nostril and exhale through the right nostril, again inhale through the same right nostril.

- Then close the right nostril and exhale through the left nostril.
- Repeat nine rounds.

Bhastrika

- Be seated in cross leg position. Place your hands on your knees. Feel relaxed.
- Breathe in by inhaling forcefully through the both nostrils. Make sure that your lungs are fully, exhale with great force making hissing sound.
- Repeat the procedure for 5-10 times.

COOLING PRANAYAMA

SITALI

a) Starting Position:

- Sit in any meditative posture.

b) Practice:

- Stretch the tongue forward out of the mouth and fold it so as to resemble the back of a crow.
- Slowly suck the air through the beak and feel the jet of cool air passing down the trachea into the lungs.
- Slowly exhale through the nostrils, carefully feeling the movement of warm air all the way up from the lungs through the trachea and the nasal passage.
- Repeat 9 rounds.

SITKARI

a) Starting position:

- Sit in any meditative posture.

b) Practice

- Fold the tip of the tongue inwards and press the root of the upper palate with the tip of the tongue. The folded tongue slightly comes out between the two rows of teeth and provides a narrow opening on both the sides.

- Slowly suck the air, which enters in through the two sides of the tongue, diffuse throughout the mouth and move down the trachea into the lungs.
- The warm air is exhaled out slowly through the trachea, and the nostrils and the breath stops automatically.
- Repeat 9 rounds.

SADANTA

a) Starting Position

- Sit in any comfortable posture.

b) Practice

- Let the upper teeth touch the lower teeth.
- The tip of the tongue kept behind the teeth and air is sucked in.
- Inhale through the crevices of the teeth and the air moves over the gums slowly and continuously into the mouth and passes down the trachea into the lungs.
- The warm air is exhaled out slowly through the trachea, and the nostrils and the breath stops automatically.
- The deep relaxation obtained due to cooling.
- Repeat 9 rounds.

BHRAMARI PRANAYAMA

- Be seated in cross legged position.
- Close the eyes with both hands by four finger and thumb on the ear.
- Now inhale and exhale forcibly with a buzzing sound.
- Inhalation and exhalation should be from both nostrils and mouth should be closed.
- Repeat it 10-12 times.

RELAXATION

Shavasana

- The patient lies in the supine position, lower limbs 30 degrees apart and the upper limbs making an angle of 15 degrees with the trunk, with the forearms in the mid-prone position and fingers semi-flexed.
- The eyes are closed with eyelids drooping.
- The patient is taught slow, rhythmic diaphragmatic breathing with a short pause after each inspiration and a longer one at the end of each expiration.
- After establishing this rhythm, he is asked to attend to the sensation at the nostrils, the coolness of the inspired air and the warmth of the expired air
- The patient is asked to relax the muscles so that he is able to feel the heaviness of different parts of the body.

$$\frac{\div \leftrightarrow \zeta \sqcap B \zeta \vdots \cdot}{\vdots \vdots \oplus} \quad \text{xxii}$$

1. $\gamma B \uparrow \triangleright \heartsuit \wp \lambda \vee E$:

- $| \zeta_- | | \langle \in \int \partial | \otimes \mu \leftrightarrow \uparrow]_- \partial | \vee | \kappa \uparrow \mu, | | | \perp \vee \leftrightarrow J | f \infty \Delta \div [\spadesuit \zeta_- \dots \otimes |$
 $\uparrow \triangleright \Omega | \lceil \lambda_- \Omega \vee | \dots \kappa J | \Delta.$
- $\chi \textcircled{\bullet} \kappa \zeta \otimes [\dots \wp \zeta \mu > | \lceil \heartsuit \wp \zeta] \vee f \mu \dots > \zeta \perp \wp \textcircled{\bullet} | f | B \dots \Sigma \zeta \Re] \infty \Delta, \neg$
 $\kappa \neq$
 $\bullet \kappa \zeta \otimes \uparrow [\dots \wp \zeta \mu > | \lceil \Sigma | \heartsuit \wp \zeta] | B \dots \Sigma \zeta \Re] B \kappa \zeta \rightarrow \vee \int \Re | \dots \kappa J | \Delta.$
 $\vee \heartsuit \wp \lambda \vee E | B \ 5 \ \xi | \oplus \in \varphi \neg \kappa \zeta [\dots | \zeta \sqcap \uparrow] K \Delta \neg \otimes \Phi B \dots \kappa J | \Delta.$
- $| J | \perp] \oplus \subseteq \triangleright \Omega | \lceil \lambda_- > | \lceil | B \ \xi \neg | \therefore B \zeta | \bullet \vee \oplus \dots \kappa J | \Delta. \vee > | \spadesuit \ 5 \ \xi | \oplus \neg$
 $\otimes \Phi B \dots \kappa J | \Delta.$
- $\div [\spadesuit \lceil > | \lceil | B \dots \therefore K \Delta, \sqcap \neg \therefore \zeta | \neg | \zeta J | \kappa \leftrightarrow \dots \kappa J | \Delta. \exists [\rightarrow \partial \lceil \mu$
 $\vee \subseteq \mu \ \xi | \oplus \vee \heartsuit \wp \lambda \vee E | B \neg \otimes \Phi B \lceil \zeta \Delta.$

2. $\Sigma \zeta | \bullet]$:

- $] B \zeta \spadesuit \Omega | \lceil \lambda_- \partial \therefore \lceil \subseteq \mu | J | | \langle \wp | B \kappa \zeta \rightarrow \vee \int \Re | \dots \kappa J | \Delta.$
- $\kappa \lceil \mu \Sigma \zeta E | B \kappa \lceil \mu | | \lambda [| \textcircled{\bullet} | f \sigma \leftrightarrow \lceil \zeta_- \wp |, \vee f \mu \Sigma \zeta E \kappa \alpha B \zeta | \bullet \kappa \zeta \otimes \uparrow |$
 $> \chi \perp \neq \neg \uparrow \mu \neg \kappa \neq \sigma f \dots \kappa J | \Delta.$
- $\vee f \mu \Sigma \zeta E | B \kappa \lceil \mu | | \lambda [E \rightarrow \sigma \leftrightarrow \neg \partial \lceil \mu \dots \therefore \zeta] \leftrightarrow \sigma \leftrightarrow \lceil \zeta_- \wp |, \kappa \lceil \mu$
 $\Sigma \zeta E \lambda [\kappa \alpha B \zeta | \bullet \kappa \zeta \otimes \uparrow | > \neg \kappa \neq \sigma f \dots \kappa J | \Delta, * J | \Delta \partial \dots > \Sigma \zeta E \lambda [$
 $\kappa \alpha B \zeta | \bullet \kappa \zeta \otimes \uparrow | > \chi \perp \neq \neg \Re | \dots \kappa J | \Delta.$

➤ $\div[A \kappa \vdash \mu \Sigma \varsigma E \mid B \exists \mid, \sqrt{f \mu \Sigma \varsigma E \lambda \mid \kappa \alpha B \varsigma \mid} \bullet \kappa \varsigma \otimes \uparrow \mid > \neg \kappa \neq \sigma f$
 $\dots \kappa J \mid \Delta.$

➤ $\sqrt{\dots} > \dots \wp \varsigma_{-} \in \mid \wp \mu \xi \mid \oplus \neg \otimes \Phi B \Upsilon \Delta.$

3. $\wp \mid \mid \varsigma:$

➤ $\in \Phi \Upsilon \Omega \mid \vdash \lambda \mid \wp \uparrow \vdash \varsigma \otimes \spadesuit \xi \mid \lambda_{-} \partial \vdash \vdash \subseteq \mu \mid \mid \mid \mid \langle \xi \omega \equiv \mid \varsigma_{-} * \mu$
 $\mid \kappa \uparrow \mu \partial \vdash \leftrightarrow \dots \kappa J \mid \Delta.$

➤ $\sqrt{\mid \Sigma \varsigma E \lambda \mid \kappa \alpha B \varsigma \mid \Upsilon \Delta \bullet \kappa \varsigma \otimes \mid \varsigma \upsilon \mid} \text{ }_{\text{xxiii}} \text{ }^{\text{'}} \vdash \varsigma \mid \chi \perp \neq \lrcorner \wp \mid \dots \kappa J \mid \Delta.$

$\sqrt{> \mid \wp \mid \Delta \Sigma \vdash \mu \mid O \mid \leftrightarrow \Xi \leftrightarrow \text{ }_{-} \sigma \mid \kappa \mid f \kappa \mid > \infty \Delta, \bullet \kappa \varsigma \otimes \wp \mid \varsigma \upsilon \mid \oplus \neg \kappa \neq \sigma \mid \Delta$
 $\dots \wp \varsigma \mu \kappa \mid \Delta \otimes \uparrow > \uparrow \mid > \infty \Delta \Sigma \Delta \vdash \varsigma_{-} \chi \square \leftrightarrow \xi \mid \infty \Delta.$

➤ $\sqrt{\mid} > \heartsuit \dots \wp \varsigma_{-} 5-10 \xi \mid \oplus \mid \Delta \wp \neg \otimes \Phi B \Upsilon \Delta.$

4. $\zeta \neq \mid \Downarrow E P \otimes \mid \Delta \div \leftrightarrow \varsigma \square B \varsigma \vdash \varsigma:$

∂) $E \uparrow > o$

➤ $\mid B \varsigma \spadesuit \Omega \mid \vdash \lambda_{-} \partial \vdash \leftrightarrow \dots \kappa J \mid \Delta.$

➤ $\Sigma \varsigma \sigma \mid \spadesuit \kappa \varsigma \lambda \mid \neg \kappa \neq \heartsuit A \oplus \vdash \varsigma \mid \kappa \mid \langle \uparrow \mu \vdash \mid \uparrow \mu \mid \kappa \wp \mid \Upsilon \Delta.$

➤ $\neg \vdash \mu \kappa \varsigma \mid \mid \varsigma \upsilon \mid \oplus \chi \perp \neq \lrcorner \uparrow \mid \Upsilon \Delta, \partial \subseteq > \zeta \neq \mid \subseteq > \mid \varsigma \upsilon \rightarrow \bullet \kappa \varsigma \otimes \zeta \omega \varsigma \Phi$
 $\kappa \alpha B \varsigma \mid \neg \otimes \mid \rightarrow O \mid \leftrightarrow \Xi \leftrightarrow \mid \vdash \partial \mid f \kappa \mid > \chi \square \leftrightarrow \Upsilon \Delta.$

➤ $\neg \vdash \mu \kappa \varsigma \mid \chi \perp \neq \lrcorner \uparrow > \bullet \kappa \varsigma \otimes \mid \varsigma \upsilon \mid \oplus \neg \kappa \neq \sigma f \dots \kappa J \mid \Delta, \partial \subseteq > \tau > \vdash \varsigma \spadesuit$

$\bullet \kappa \varsigma \otimes \mid \varsigma \upsilon \rightarrow \Sigma \vdash \mu \mid O \mid \leftrightarrow \Xi \leftrightarrow o o \mid \subseteq \mu \bullet \kappa \varsigma \otimes \wp \varsigma \mid > \mid B \mid f \subseteq \mu \sqrt{\mid \Sigma \varsigma E \lambda$
 $\mid \kappa \alpha B \varsigma \mid \neg \kappa \neq \sigma \mid \kappa \mid > \chi \square \leftrightarrow \dots \kappa J \mid \Delta.$

➤ $\sqrt{\dots} > \heartsuit \dots \wp \varsigma_{-} \in \mid \wp \mu \xi \mid \oplus \mid \Delta \wp \neg \otimes \Phi B \Upsilon \Delta.$

$\gamma) E@|\backslash$

- $]B\varsigma\spadesuit\Omega|\lceil\lambda_ \partial\therefore\leftrightarrow\dots\kappa J|\Delta.$
- $\Sigma\varsigma\sigma[OM|B\chi\textcircled{A}\oplus\therefore\varsigma|\therefore|\uparrow\mu\partial\lrcorner\uparrow]\dots\therefore_ \partial J\Box\uparrow|>\neg>\varsigma fY\Delta.$
 $>\vee\neg\wp\varsigma\lrcorner\mu\Sigma\varsigma\Re\zeta\vee\wp_ \kappa\backslash|\otimes|\odot\Re\zeta\vee f\lambda_ \vee\subseteq\mu\kappa\varsigma\lambda[\vee$
 $A\oplus=|\neq K\Delta\Re Jf\kappa\alpha\wp\varsigma|>|B\circ\vee\wp|\uparrow\mu\Delta.$
- $\bullet\kappa\varsigma\otimes|\varsigma\vee|\oplus\neg\therefore\mu\kappa\varsigma|\chi\perp\neq\lrcorner\Re|Y\Delta,\partial\mu\Sigma\varsigma\sigma[\vee A\oplus=|\perp\kappa\alpha B\varsigma|$
 $\neg\otimes[\rightarrow\bullet\kappa\varsigma\otimes\zeta\omega\varsigma|B\Box\alpha\oplus\Re|O|\leftrightarrow\Xi\leftrightarrow|\lceil\neg\otimes[\oplus|f\infty\Delta.$
- $\div[A\tau>\therefore\varsigma\spadesuit|\varsigma\vee|\oplus\bullet\kappa\varsigma\otimes\zeta\omega\varsigma|B|f\subseteq\mu\vee\mu\kappa\varsigma\leftrightarrow\equiv|\perp\kappa\alpha B\varsigma|$
 $\neg\kappa\neq\dots B\rightarrow\kappa|>\chi\Box\leftrightarrow\lceil\varsigma\Delta.$
- $\vee\dots>\heartsuit\dots\wp\varsigma_ \in[\wp\mu\xi|\oplus]J\Delta\wp\neg\otimes\Phi BY\Delta.$

$\vee)\otimes f[>\varsigma$

xxiv

- $\Sigma\therefore\mu\kappa\otimes]\Re\dots|\vee\wp\circ\dots>\angle\Delta\in J\Omega|\lceil\lambda_ \partial\therefore\leftrightarrow\dots\kappa J|\Delta.$
- $\dots\therefore_ \kappa\backslash|\otimes\wp\vee|\perp\Box\infty\kappa\backslash|\otimes\wp\vee||\langle\neg>\varsigma|\therefore\varsigma\rightarrow\neg\otimes\Phi BY\Delta.$
- $\Sigma\varsigma\Re[\ OM\vee\wp_ \kappa\backslash|\otimes|\odot\Re\zeta\div[A\oplus\therefore\varsigma|\kappa\uparrow\mu\bullet\kappa\varsigma\otimes\Re|\varsigma\vee|\oplus$
 $\chi\perp\neq\lrcorner\Re|Y\Delta.$
- $\wp\vee|\odot\Re\zeta\vee f\dots B\chi\perp\langle\div\langle Y\kappa\alpha B\varsigma|\bullet\kappa\varsigma\otimes|\varsigma\vee|\oplus\chi\perp\neq\lrcorner\Re|Y\Delta,$
 $\partial\mu\bullet\kappa\varsigma\otimes\zeta\omega\varsigma|B|f\subseteq\mu O|\leftrightarrow\Xi\leftrightarrow|\lceil\neg\otimes[\oplus|f\infty\Delta.$
- $\tau>\therefore\varsigma\spadesuit|\varsigma\vee|\oplus\bullet\kappa\varsigma\otimes\wp\varsigma|>\kappa\alpha B\varsigma|\vee\Sigma\varsigma E\lambda[\kappa\alpha B\varsigma|\neg\kappa\neq\sigma fY\Delta.$
- $>\vee\neg\wp\varsigma\lrcorner\mu\chi f_ \zeta\neq\lceil\subseteq>\Omega|\lceil\lambda_ >\langle\kappa\varsigma|\vee\Re\zeta\Delta.$
- $\vee\dots>\heartsuit\dots\wp\varsigma_ \in[\wp\mu\xi|\oplus]J\Delta\wp\neg\otimes\Phi BY\Delta.$

5. $\div \leftrightarrow \therefore \setminus \div \leftrightarrow \Box B \therefore \varsigma$

- $\wp \uparrow \therefore \varsigma \otimes \spadesuit \xi \mid \oplus \lambda _ \partial \therefore \leftrightarrow \Upsilon \Delta.$
- $\mid J \mid \mid \langle \vee \leftrightarrow J \mid f \infty \Delta \sigma \leftrightarrow _ \mid \mid \langle \neg \mid \varsigma J \mid \wp \mid B \kappa \varsigma \rightarrow \Delta, \mid \varsigma \mu \mid \mid \langle \mid \textcircled{R} \mid f \sigma \leftrightarrow \vdash$
 $\varsigma _ \xi \mid B \kappa \varsigma \rightarrow \partial \therefore \leftrightarrow \dots \kappa J \mid \Delta.$
- $> \vee \neg \wp \varsigma \dashv \mu \bullet \kappa \varsigma \otimes \mid \varsigma \vee \mid \oplus \dots \kappa \mid \therefore \varsigma \mid \chi \perp \neq \dashv \uparrow \mu \neg \kappa \neq \sigma f \Upsilon \Delta.$
- $\kappa \varsigma \mid B \wp \mid \Re \neg \mid \varsigma J \mid \vee \leftrightarrow J \mid \Sigma \varsigma E \lambda [\kappa \alpha B \varsigma \mid \bullet \kappa \varsigma \otimes \mid \varsigma \vee \mid \oplus \chi \perp \neq \dashv \uparrow \mu$
 $\neg \kappa \neq \sigma f \Upsilon \Delta.$
- $\vee \dots > \heartsuit \dots \wp \varsigma _ {10-12} \xi \mid \oplus \neg \otimes \Phi B \Upsilon \Delta.$

6. $\uparrow \kappa \varsigma \otimes \spadesuit \varsigma$

- $\xi > o _ \dots \Sigma \leftrightarrow \varsigma \mid \wp \mid \Re \mid \Upsilon \Delta. \mid \varsigma _ \mid \perp \vee \leftrightarrow J \mid f \infty \Delta \text{ 30 } \mid J \rangle \dots \mid \varsigma \Box \uparrow _$
 $\partial \mid \vee \mid \mid \mid \perp \vee \leftrightarrow J \mid f \infty \Delta \text{ 15 } \mid J \rangle \dots \mid \varsigma \Box \uparrow _ \chi f \dots \lceil \varsigma \mid \dots \otimes \lceil \uparrow \mu$
 $\mid \kappa \Re \mid \Upsilon \Delta, \sigma \leftrightarrow _ \mid \perp \wp \varsigma \mid \therefore f \equiv \mid B \Omega \lceil \lambda _ \mid \kappa \Re \mid \Upsilon \Delta.$
- $\mid J \mid \perp \vee \leftrightarrow J \mid f \infty \Delta \wp \mid B \Omega \lceil \lambda _ \mid \kappa \Re \mid \Upsilon \Delta.$
- $(\leftrightarrow \varsigma \Box \bullet \kappa \varsigma \otimes \uparrow \mid > \dots \therefore \vee \neg \mid \varsigma \perp \langle \dots \kappa J \mid \Delta.$
- $\div [A \vee \Sigma \varsigma E \mu \kappa \varsigma \leftrightarrow \equiv \mid \neq [\kappa \alpha B \varsigma \text{ }^{xxv} \mid \varsigma \vee \mid \oplus \chi \perp \neq \dashv \uparrow \mu$
 $\tau > \therefore \varsigma \spadesuit \mid \varsigma \vee \mid \oplus \neg \kappa \neq \sigma f \Upsilon \Delta.$
- $\div [A > \mid \otimes \mid \mid \langle > \langle \lceil \Upsilon \Omega \lceil \lambda _ \mid \kappa \Re \mid \dots \kappa J \mid \Delta.$

ANNEXURE – E
CERTIFICATE OF VALIDATION

This is to certify that the tool developed by **Ms.Sowmiya. V**, final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to Dr.M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A study to assess the effectiveness of pranayama on stress and coping among housewives in a selected community, Salem”**.

Signature with Date

ANNEXURE - F
LIST OF EXPERTS

- 1. Dr.Vetriventhan, B.S.M.S,**
Consultant Physician,
Gorimedu, Salem.

- 2. Mrs.Esther Daisy Joel, M.Sc(N).,**
Associate Professor,
H.O.D. Department of Mental Health Nursing,
PSG College of Nursing,
Coimbatore.

- 3. Mrs.Meera Saravanan, M.Sc (N).,**
Professor,
PSG College of Nursing,
Coimbatore.

- 4. Mrs.Jamuna, M.Sc(N).,**
Associate Professor,
KMCH College of Nursing,
Coimbatore.

- 5. Mrs.Jesinda Vedanayaki, M.Sc(N).,**
HOD & Asst. Professor,
CSI Jeyaraj College of Nursing,
Madurai.

ANNEXURE – G
TRAINING CERTIFICATE


VASISTA CLINIC

SIDDHA YOGA MASSAGE VARMAKALAI
CENTER FOR HOLISTIC HEALTH

DATE : 20.06.2011

CERTIFICATE OF TRAINING
TO WHOMSOEVER IT MAY CONCERN

I hereby certify that Ms. SOWMIYA, MSc(N), Final Year Student, Sri Gokulam College Of Nursing, Salem, has underwent training on Pranayama and she is eligible to train students in practicing Pranayama .


Signature: R. VENDAN, B.S.M.S.
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ANNEXURE - H
CERTIFICATE OF EDITING
TO WHOMSOEVER IT MAY CONCERN

Certified that the dissertation paper titled **“A study to assess the effectiveness of pranayama on stress and coping among housewives in a selected community, Salem”** by **Ms. Sowmiya.V**, It has been checked for accuracy and correctness of English language used in presenting the paper is lucid, unambiguous free of grammatical or spelling errors and apt for the purpose

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Signature: 

ANNEXURE – I

PHOTOS

RESEARCHER DEMONSTRATING PRANAYAMA FOR HOUSEWIVES

